

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000083239

1. Entity Name
ETE GROUP, INC.



Principal Place of Business
**3022 S.W. 133RD COURT
MIAMI, FL 33175**

Mailing Address
**3022 S.W. 133RD COURT
MIAMI, FL 33175**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3862550

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRAVIESO, ENRIQUE
3022 S.W. 133RD COURT
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000147236
05/03/04-80098-027 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRAVIESO, ENRIQUE
STREET ADDRESS 3022 S.W. 133RD COURT
CITY-ST-ZIP MIAMI, FL 33175

TITLE VD
NAME ESCARPENTER, ANTHONY
STREET ADDRESS 3022 S.W. 133RD COURT
CITY-ST-ZIP MIAMI, FL 33175

TITLE STD
NAME TRAVIESO, EDUARDO JR.
STREET ADDRESS 3022 S.W. 133RD COURT
CITY-ST-ZIP MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 (786) 229-9870
Date Daytime Phone #