## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000056735

Title:

Name:

Address:

City-St-Zip:

Entity Name: TRAVIESO ENTERPRISES INC

FILED Aug 30, 2008 Secretary of State

That we will be a second of the second of th	TRIOLO IIVO.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
14801 E. TETHERCLIFT ST DAVIE, FL 33331				
Current Mailing Address:		New Mailing Address	<b>5:</b>	
14801 E. TETHERCLIFT ST DAVIE, FL 33331				
FEI Number: 26-0235488 FEI Num	ber Applied For ( ) FEI N	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
TRAVIESO, LOURDES 14801 E. TETHERCLIFT ST DAVIE, FL 33331 US				
The above named entity submits th in the State of Florida.	is statement for the purpose	e of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signatu	re of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S. Election Campaign Financing Trust Fun	•	ve the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: P () Delete Name: TRAVIESO, LOURDES Address: 14801 E. TETHERCLIFT ST City-St-Zip: DAVIE, FL 33331		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: VP () Delete Name: TRAVIESO, RENE Address: 14801 E. TETHERCLIFT ST City-St-Zip: DAVIE, FL 33331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: T () Delete Name: TRAVIESO, LOURDES Address: 14801 E. TETHERCLIFT ST City-St-Zip: DAVIE, FL 33331	-	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LOURDES TRAVIESO P 08/30/2008

() Delete

14801 E. TETHERCLIFT ST

TRAVIESO, RENE

**DAVIE, FL 33331** 

() Change () Addition