

2008 FOR PROFIT CORPORATION ANNUAL REPORT (R)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 045 ***150.00

DOCUMENT # P97000067788

1. Entity Name

E.T.M.E. INVESTMENTS, INC.



Principal Place of Business

6500 COWPEN RD
305
MIAMI LAKES FL 33014

Mailing Address

6500 COWPEN RD
305
MIAMI LAKES FL 33014
US

2. Principal Place of Business - No P.O. Box #

15321 NW 60th Ave

Suite, Apt. #, etc.

#100

City & State

Miami Lakes, FL

Zip

33014

Country

U.S.A.

3. Mailing Address

15321 NW 60th Ave.

Suite, Apt. #, etc.

#100

City & State

Miami Lakes, FL

Zip

33014

Country

U.S.A.



1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0772234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLEDO, EVELIO A
3325 N.W. 36TH STREET
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

Evelio A. Toledo

Street Address (P.O. Box Number is Not Acceptable)

15321 NW 60th Ave.

#100

City

Miami Lakes,

FL

Zip Code

33014

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TOLEDO, EVELIO
3325 N.W. 36 STREET
MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Evelio A. Toledo
15321 NW 60th Ave #100
Miami Lakes, FL 33014 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 person 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

Date

Daytime Phone #