


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 004 ***150.00

DOCUMENT # P98000100115

1. Entity Name
ETA ASSOCIATES, INC.



Principal Place of Business
4450 WEST EAU GALLIE BLVD
SUITE 136
MELBOURNE, FL 32934

Mailing Address
4450 WEST EAU GALLIE BLVD
SUITE 136
MELBOURNE, FL 32934

2. Principal Place of Business - No P.O. Box #
4805 Sweet Gum Pl
 Suite, Apt. #, etc.

3. Mailing Address
4805 Sweet Gum Pl
 Suite, Apt. #, etc.

City & State
Melbourne, Florida

City & State
Melbourne, Florida

Zip
32904

Country
USA

Zip
32904

Country
USA



03042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
~~CARRANDI, ARTEMIO P~~
~~4450 WEST EAU GALLIE BLVD~~
~~SUITE 133~~
~~MELBOURNE, FL 32934~~

4. FEI Number
59-3540732

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
ANTONIO J. Perez-Falcon


Street Address (P.O. Box Number is Not Acceptable)
4805 SWEET GUM PL

City
Melbourne

FL

Zip Code
32904

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  **ANTONIO J. Perez-Falcon** **3/4/08**

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, 2008 Fee will be \$550.00

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 POWER, EMILIO J 4450 WEST EAU GALLIE BLVD STE 133 MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CARRANDI, ARTEMIO P 4450 WEST EAU GALLIE BLVD STE 133 MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ-FALCON, ANTONIO J 4450 WEST EAU GALLIE BLVD STE 133 MELBOURNE, FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY Perez-Falcon, ANTONIO J 4805 SWEET GUM PL MELBOURNE, FL, 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **ANTONIO J. Perez-Falcon** **3/3/08** **321 427-9372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR