
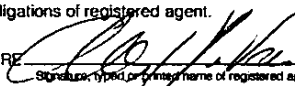
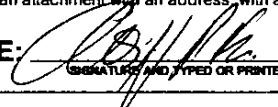


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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.		03042008 Chg-P CR2E034 (12/06)	
City & State Melbourne, FLORIDA		City & State Melbourne, FLORIDA			
Zip 32904	Country USA	Zip 32904	Country USA	4. FEI Number 59-3540732	Applied For Not Applicable
6. Name and Address of Current Registered Agent CARRANDI, ARTEMIO P 4450 WEST EAU GALLIE BLVD SUITE 133 MELBOURNE, FL 32934				5. Certificate of Status Desired <input type="checkbox"/> \$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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Perez-Falcon, ANTONIO J 4805 SWEET GUM PL Melbourne, FL, 32904		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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		Date		Daytime Phone #	