2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 05, 2007 08:00 A **DOCUMENT # 324537** Secretary of State 1. Entity Name COM TEX INDUSTRIES, INC. Principal Place of Business -Mailing Addross . P.O. BOX 802501 3731 NORTH COUNTRY CLUB DRIVE AVENTURA FL 33280-2501 **AVENTURA FL 33180** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, otc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 59-1286672 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MAUTNER, EDWARD J Stroot Address (P.O. Box Number is Not Acceptable) 3737 N.COUNTRY CLUB DR. AVENTURA FL 33180 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. mu THUE ☐ Change ☐ Addition Delcle MAUTNER, EDWARD J. U00000656528 03/14/07-80029-004 150.00 NAMI: NAME 3731 N COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CHY-ST-7(P CITY-ST-7IP PD ☐ Defete RHE TITLE ☐ Addition ☐ Change MAUTNER, EDWARD J. NAM! NAME 3731 N COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-7IP D TITIT Delete THIF Change ☐ Addition NAME DINNERSTEIN, KENNETH A. NAMI STREET ADDRESS 11322 NW 20TH DR STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CUY-SI-7IP HIII. ☐ Delete Change Addition TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Change DHE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 10 1 S 1. 16. 1 · ; CITY-ST-7JP CITY ST-ZIP TITLE ■ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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