

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000005271**

1. Entity Name  
**FESTIVAL PROPERTIES, INC.**



Principal Place of Business  
**1215 GESSNER DRIVE  
HOUSTON, TX 77055**

Mailing Address  
**1215 GESSNER DRIVE  
HOUSTON, TX 77055**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0558501**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAMPORESE, ROB  
5300 SOUTH ATLANTIC AVE.  
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000648546  
03/07/07-80014-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	SILVESTRI, DAN
STREET ADDRESS	1215 GESSNER DRIVE
CITY-ST-ZIP	HOUSTON, TX 77055
TITLE	VP
NAME	CAMPORESE, ROB
STREET ADDRESS	5300 SOUTH ATLANTIC AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	S
NAME	HILL, BRIAN
STREET ADDRESS	1215 GESSNER DRIVE
CITY-ST-ZIP	HOUSTON, TX 77055
TITLE	T
NAME	PHEIGARU, JAMES
STREET ADDRESS	1215 GESSNER DRIVE
CITY-ST-ZIP	HOUSTON, TX 77055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Dan Silvestri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/07* *(713) 785-6272*  
Date Daytime Phone #