## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000003877

Entity Name: TVO SOUTHWEST, INC.

HAYNES, CHRIS ESQUIRE

( ) Delete

6090 SURETY DR SUITE 102

EL PASO, TX 79902

BELTRAN, STÉPHEN

EL PASO, TX 79905

501 EXECUTIVE CENTER BLVD., SUITE 100

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
6090 SURE SUITE 102 EL PASO,		US	W		RGO PĽAZ.	TH FLOOR A US		
Current Mailing Address:				New Mailing Address:				
SUITE 102	090 SURETY DRIVE UITE 102 L PASO, TX 79905 US			221 N KANSAS ST, 16TH FLOOR WELLS FARGO PLAZA EL PASO, TX 79901 US				
FEI Number:	74-2714194	FEI Number Applied For ( )	FEI Number	r Not Appli	cable ( )	Certificat	e of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1201 HAYS TALLAHAS The above in the State	STREET SEE, FL 323 named entity of Florida.	NT SOLUTIONS INC.  301 US  submits this statement for the pu	urpose of ch	nanging its	s registered	d office or re	egistered agent, or both	h,
SIGNATUR		nic Signature of Registered Ager	nt .			Г	 Date	_
Election Cam		ng Trust Fund Contribution ( ).	ı			L	Sate	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VANDENBUR	) Delete 3, DAVID L E STREET, SUITE 600	Add	e: me: dress: y-St-Zip:		() Change (	) Addition	
Title: Name: Address: City-St-Zip:	BOGAS, DAVI	DR, SUITE 102	Add	e: me: dress: y-St-Zip:	VICENTE, RO 221 N KANS, EL PASO, TX	AS ST, 16TH I K 79901	FLOOR	
Title:	VC (	) Delete	Titl	e:		() Change (	) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ROBERT T VICENTE SV 01/17/2005

(X) Change ( ) Addition

BELTRAN, STEPHEN

EL PASO, TX 79901

221 N KANSAS ST, 16TH FLOOR