

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 26, 2004 8:00 am  
Secretary of State**

03-26-2004 90044 027 \*\*\*158.75

DOCUMENT # F99000004428		
1. Entity Name TEXAS AGUIRRE INC		

Principal Place of Business 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	Mailing Address 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02162004 Chg-P CR2E034 (10/03)

4. FEI Number 75-2474596	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
	FL 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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO AGUIRRE, PEDRO D 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO (Correction) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pedro Aguirre 12700 Park Central Drive, 15th Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODEN, GARY D 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, FROST E 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Frost E Gardner 12700 Park Central Drive 15th Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINTERS, PETER M 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILL, KENNETH E 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, RON 12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS, TX 75251	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 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 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 to this address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Aguirre

3/22/04

972-788-1508

Date

Daytime Phone #