


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # G82905 1. Entity Name TEJAS, INC.	
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Principal Place of Business GOVASANTIL B SON 830 TRUMAN AVENUE KEY WEST, FL 33040-6426	Mailing Address GOVASANTIL B SON 830 TRUMAN AVENUE KEY WEST, FL 33040-6426
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DO NOT WRITE IN THIS SPACE

01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2585073	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SONI, VASANTLAL B. 830 TRUMAN AVENUE KEY WEST, FL 33040	DO NOT WRITE IN THIS SPACE
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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, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONI, VASANTLAL B. 830 TRUMAN AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SONI, HANSA 830 TRUMAN AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE SONI, TEJAS 830 TRUMAN AVE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONI, ASHISH 830 TRUMAN AVE KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/08-80031-017 150.00

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:  Hansa Soni	1/07/08	(305) 294 8700
<small>SIGNATURE AND SPACE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>