2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

DOCUMENT # P01000044713 1. Entity Name NEW SMYRNA CONDO BUILDING NO. 5, INC.									04-20-2004	90035 (/09 ***1 <i>5</i>	50.00	
Principal Place of Business 3033 CHIMNEY ROCK RD SUITE 400 HOUSTON, TX 77056 Mailing Address 3033 CHIMNEY ROCK R HOUSTON, TX 77056						D SUITE 400							
2. Principal Place of Business				3. Mailing Address 1215 G FSSNF K									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04132004	Chg-P	CR2E0	34 (10/03)		
HOUSTON TIX				HOUSTON, TX				4. FEI Numbi 58-262			<u> </u>	oplied For of Applicable	
7705	Zip Country			77055 Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
GRAHAM, JESSE E 369 NORTH NEW YORK AVENUE THIRD FLOOR							Street Address (P.O. Box Number is Not Acceptable)						
WINTER PARK, FL 32789						<u>-</u>							
경기 변경 - 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1						City				FL	Zip Code	е	
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 NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.								00 May Be ed to Fees					
10.	OFFICERS AND I						1	ADDITIONS/	CHANGES TO OFFI	CERS AND			
TITLE NAME	SILVESTRI, DAN			Delete TITLE		Ē					- C hange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	HOUSTON, TX 77490					ET ADDRESS -ST-ZIP	HOU	5 GESS	NER DR TX 770	55			
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STREET ADDRESS CITY-ST-ZIP	120 KING	STREET WES	-		ET ADDRESS -ST-Zip								
TITLE	HAMILTON, ONTARIO, CA 18p 4v2						TUT PIL	Flow ov	184 28/	40	7 □ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the reperter or trustee empowered 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 attackment with an address, with all other like empowered.													

ME OF SIGNING OFFICER OR DIRECTOR

Date