



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2004 90035 013 ***150.00

DOCUMENT # P02000051184 1. Entity Name NEW SMYRNA CONDO BUILDING NO. 3, INC.					
Principal Place of Business 3033 CHIMENY ROCK ROAD STE 400 HOUSTON, TX 77056			Mailing Address 3033 CHIMENY ROCK ROAD STE 400 HOUSTON, TX 77056		
2. Principal Place of Business 1215 GESSNER DR Suite, Apt. #, etc.		3. Mailing Address 1215 GESSNER DR Suite, Apt. #, etc.			
City & State HOUSTON, TX Zip 77055		City & State HOUSTON, TX Zip 77055		4. FEI Number 54-2068876	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR 369 N NEW YORK AVE 3RD FL WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. _____ 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SELVESTI, DAN 3033 CHIMENY ROCK RD., STE 400 HOUSTON, TX 77056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVESTRI, DAN 1215 GESSNER DR. HOUSTON, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GIULIO, TRULLI 120 KING STREET WEST, STE.1000 HAMILTON, ONTARIO, L8-P42	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 KING ST. W. #809 BOX #46 HAMILTON ONTARIO L8P 4W7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					