2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000051184

1. Entity Name
NEW SMYRNA CONDO BUILDING NO. 3 INC.



FILED Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90016 008 ***150.00

NEW SIMTRINA CONDO BUILDING NO. 3, INC.										
Principal Place of Business 1215 GRESSNER DR HOUSTON, TX 77055		Mailing Address 1215 GRESSNER DR HOUSTON, TX 77055				·				
Principal Place of Business - No P.O. Box # 3. Mailing Address										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State			4. FEI Numbe 54-2068			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	Registered A	gent		
GRAHAM, JESSE E SR			Name	Name						
369 N NEV	V YORK AVE 3RD FL ARK, FL 32789		Street A	ddress (I	P.O. Box Numbe	er is Not Acceptable	e)			
AAIIA1EKE	ARK, I E 32/09									
			City				FL	Zip Code	8	
	named entity submits this statement for	gistered office or	register	ed agent, or bot	h, in the State of Flo	orida. I am fa	amiliar with	and accept		
the obligations of registered agent.										
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signati	ure required	I when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contribu			.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	VT SILVESTRI, DAN	☐ Delete	. TITLE NAME					☐ Change	Addition	
STREET ADDRESS	1215 GRESSNER DR		STREET ADDRESS							
CITY-ST-ZIP	HOUSTON, TX 77055		Crty-St-ZIP			<u></u>	<u></u>		<u></u>	
TITLE NAME	PS GIULIO, TRULLI	☐ Delete	TITLE NAME	PS	O, TRULLI			XI Change	Addition	
STREET ADDRESS	21 KING ST #809 BOX # 66		STREET ADDRESS	01 61	IC, IKULU IC: CT W.:	# 809, BOX	* 66			
CITY-ST-ZIP	HAMILTON, ONT, CN 18p 4w7		CITY-ST-ZIP	HAM	LTON, ON	ITARIO_LE	14W7			
TITLE		☐ Delete	TITLE	Ab.	c = 01\ == 1			Change	✓ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	MEI	tt, URAD Englishe	tmes 2 DR				
CITY-ST-ZIP			CITY-ST-ZIP	HOUS	GESSHEI	77055				
TITLE		☐ Delete	TITLE		,			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME CIDEET ADDRESS							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
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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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR