2006 FOR PROFIT CORPORATION * *

FILED

ANNUAL R	EPUKI			Jan 27	7 , 2 006 08:00 A
DOCUMENT # P0200010219 1. Enlity Name TEJAS PROPERTIES, INC.	9		With the state of		cretary of State
4230 S.W. 9TH ST.	lailing Address 4230 S.W. 9TH ST. PLANTATION, FL 33317				TO DOUBLE BOXIN SECTION OF HIS SOURCE DEPOSIT OF HIS CO.
DO NOT WRITE II		CE	01092006 4. FEI Numb 43-197	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regis RAMBO, WILLIAM C 4230 S.W. 9TH ST. PLANTATION, FL 33317	stered Agent			NOT W THIS SP	
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		d Agent signaturé requiret			DATE 0402561 -80017-003 150.00
TITLE PRAMBO, WILLIAM C STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CTORS			NOT W	'RITE

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 addirect supplemental report is true and secure 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 addirect supplemental report is true and secure that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addirect supplemental report is true and secure that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-1-21-06 954. 321-9425

Oate

Daytime Phone #