## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075978

1. Entity Name

NEW SMYRNA CONDO BUILDING NO. 10, INC.



Principal Place of Business

1215 GESSNER DR HOUSTON, TX 77055 Mailing Address

1215 GESSNER DR HOUSTON, TX 77055

## FILED Feb 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 01082007

No Cha-P

CR2E034 (11/05)

4. FEI Number 20-1162885 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JESSE E SR 369 N NEW YORK AVE 3 FLOOR WINTER PARK, FL 32789

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  |   |   | IN THIS SPACE  |                                |  |
|--|---|---|--|--------------------------------|--|
|  | named entity submits this statement for the prions of registered agent.                       | urpose of changing its registere                        | d office or  | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered |   |   | Agent signature required when reinstating) U3/07/07-80011-014-150.00 |                                |  |
|  | E NOW!!! FEE IS \$150.00<br>By 1, 2007 Fee will be \$550.00                                   | 9. Election Campaign Finant<br>Trust Fund Contribution. | cing   | \$5.00 May Be<br>Added to Fees | <del>- 03/07/07-80011-014-150.08</del>                       |
| 10.  | OFFICERS AND DIREC  | TORS  |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>SILVESTRI, DAN<br>1215 GESSNER DRIVE<br>HOUSTON, TX 77055                               |   |  |                                |  |
| NAME<br>Street address<br>City-St-Zip  | PS<br>TRULLI, GULLIO<br>21 KING ST W, # 809, BOX # 66<br>HAMILTON ONTARIO, CANADA, CA 18p 4w7 |   |  |                                | ·  |
| NAME<br>Street address<br>City-St-Zip  |   |   | DO NOT WRITE<br>IN THIS SPACE  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |                                |  |
| ITLE<br>NAME<br>STREET ADDRESS<br>DITY-ST-ZIP  |   |   |  |                                |  |
| ITLE<br>NAME<br>STREET ADDRESS   |   |   |  |                                |  |

I hereby certify that the information supplied with this filling 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 an other like empowered.