2008 FOR PROFIT CORPORATION

FILED Apr 02, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000084309** 04-02-2008 90016 021 ***150.00 NEW SMYRNA CONDO BUILDING NO. 20, INC. Principal Place of Business Mailing Address 1215 GESSNER DRIVE 1215 GESSNER DRIVE HOUSTON, TX 77055 HOUSTON, TX 77055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 20-1286352 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR. 369 NORTH NEW YORK AVENUE, THIRD FLOOR Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 City Zip Code FI 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SILVESSRI, DAN NAME NAME STREET ADDRESS STREET ADDRESS 1215 GESSNER DRIVE CITY-ST-ZIP HOUSTON, TX 77055 CITY-ST-7IP Change ☐ Delete ☐ Addition THE TITLE GUILIO, TRULLI LIKING ST W#809, BOX # 66 TRULLI, GUILIO NAME NAME STREET ADDRESS 21 KING ST W, #809, BOX #66 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAMILTON, ONTARIO, CANADA, CA 18p 4w7 HAMILTON, ONTARIO LEPANT TITLE **Addition** TITLE □ Defete PHEIGARU, JAMES NAME 1215 GESSNER DR STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP HOUSTON, TX 77055 ___ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empoyered 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition