## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P04000084311

NEW SMYRNA CONDO BUILDING NO. 19, INC.



Principal Place of Business

Mailing Address

1215 GESSNER DRIVE HOUSTON, TX 77055

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



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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1286170

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 NORTH NEW YORK AVENUE, THIRD FLOOR WINTER PARK, FL 32789

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<ol><li>The above named entity submits this statement for the purpose of changing the obligations of registered agent.</li></ol>	its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NO	DTE, Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000648551 03/07/07-80014-005 150.00

OFFICERS AND DIRECTORS 10. TITLE VT SILVESTRI, DAN NAME STREET ADDRESS 1215 GESSNER DRIVE CITY-ST-ZIP HOUSTON, TX 77055 TITLE TRULLI, GULLIO STREET ADDRESS 21 KING ST W. #809 BOX #66 CITY-ST-ZIP HAMILTON, ONTARIO L8P 4W7, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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12. I hereby certify that the information supplied with this fuling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR