## 2008 FOR PROFIT CORPORATION

## Apr 02, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000084311** 04-02-2008 90016 022 \*\*\*150 00 1. Entity Name NEW SMYRNA CONDO BUILDING NO. 19, 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 City & State 4. FEI Number 20-1286170 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAHAM, JESSE E SR. Street Address (P.O. Box Number is Not Acceptable) 369 NORTH NEW YORK AVENUE, THIRD FLOOR WINTER PARK, FL 32789 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SILVESTRI, DAN NAME STREET ADDRESS 1215 GESSNER DRIVE STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77055 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE GUILIO, TRULLI NAME TRULLI, GULLIO NAME 21 KING ST W. # 809, BOX # 66 21 KING ST W. #809 BOX #66 STREET ADDRESS STREET ADDRESS HAMILTON, ONTARIO L8P4W7 CITY-ST-ZIP CITY-ST-7IP HAMILTON, ONTARIO L8P 4W7, Addition TITLE Delete TITLE PHEIGARU, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 11215 GESSNER DR CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77055 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNING OFFICER OR DIRECTOR

**FILED**