2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084321

1. Entity Name

NEW SMYRNA CONDO BUILDING NO. 14, INC.



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

Principal Place of Business

Mailing Address

1215 GESSNER DRIVE HOUSTON, TX 77055 1215 GESSNER DRIVE HOUSTON, TX 77055



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1284510

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GRAHAM, JESSE E SR 369 NORTH NEW YORK AVENUE THIRD FLOOR WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	ed office or r	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	d Agent signaturi	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000648497 03/07/07-80011010 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SILVESTRI, DAN 1215 GESSNER DRIVE HOUSTON, TX 77055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TROLLI, GUILIO 21 KING ST W. #809 BOX #66 HAMILTON, ONTARIO L8P 4W7,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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 charged, or on an attachment with an address with all other fixe empowered.

SIGNATURE:

CITY-ST-ZIP

MATURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

(713) 785 - 627