

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068413

FILED
Jan 29, 2008
Secretary of State

Entity Name: TEXAS ABERDEEN CORPORATION

Current Principal Place of Business:

12550 BISCAYNE BLVD SUITE 500
N MIAMI, FL 33181

New Principal Place of Business:

12550 BISCAYNE BLVD
SUITE 500
N MIAMI, FL 33181

Current Mailing Address:

12550 BISCAYNE BLVD SUITE 500
N MIAMI, FL 33181

New Mailing Address:

12550 BISCAYNE BLVD
SUITE 500
N MIAMI, FL 33181

FEI Number: 90-0332196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVA, CLAUDIO
Address: 12550 BISCAYNE BLVD SUITE 500
City-St-Zip: N MIAMI, FL 33181

Title: V () Delete
Name: SOUSA, ANA
Address: ESTRADA ROBERTO BURLE MARX 132 CASA 02
City-St-Zip: ILHA DE GUARATIBA RIO DE JAN, 23020240 XX

Title: S () Delete
Name: GARRIDO, CAROLINA
Address: ESTRADA ROBERTO BURLE MARX 132 CASA 02
City-St-Zip: ILHA DE GUARATIBA RIO DE JAN, 23020240 XX

Title: T () Delete
Name: CESAR, JULIO
Address: ESTRADA ROBERTO BURLE MARX 132 CASA 02
City-St-Zip: ILHA DE GUARATIBA RIO DE JAN, 23020240 XX

Title: D () Delete
Name: SILVA, CLAUDIO
Address: ESTRADA ROBERTO BURLE MARX 132 CASA 02
City-St-Zip: ILHA DE GUARATIBA RIO DE JAN, 23020240 XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO GOMES DA SILVA

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date