## 2008 FOR PROFIT CORPORATION

## Apr 02, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000065829 04-02-2008 90015 027 \*\*\*150.00 NEW SMYRNA CONDO LAND, INC. Mailing Address Principal Place of Business 1215 GRESSNER DR 1215 GRESSNER DR 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 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 58-3460025 Not Applicable Country Zip Country Zio \$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 SR Street Address (P.O. Box Number is Not Acceptable) 369 N NEW YORK AVE THIRD FLOOR WINTER PARK, FL 32789 Zip Code City FL 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 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Defete Change . TITLE GUILIO, TRULLI TRULLI, GIULIO NAME NAME 1215 GESSNER DR STREET ADDRESS STREET ADDRESS 1215 GRESSNER DR CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77055 HOUSTON, TX 77055 ☐ Delete ☐ Chance ☐ Addition TITLE TITLE SILVESTRI, DAN NAME NAME 1215 GRESSNER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77055 CITY-ST-ZIP Delete ☐ Change **X** Addition TITLE PHEIGARU, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 1915 GESSNER DR CITY-ST-7IP HOUSTON, TX 77055 CITY-ST-7IP Delete TIT! F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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 as address, with an other like empowered. changed, or on an attachment with an address, with all of

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

FILED