


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90035 007 ***150.00

DOCUMENT # P97000080024			
1. Entity Name NEW SMYRNA CONDO BUILDING NO. 1, INC.			
Principal Place of Business 3033 CHIMNEY ROCK RD., SUITE 400 HOUSTON, TX 77056		Mailing Address 3033 CHIMNEY ROCK RD., SUITE 400 HOUSTON, TX 77056	
2. Principal Place of Business 1215 GESSNER DR Suite, Apt. #, etc.		3. Mailing Address 1215 GESSNER DR. Suite, Apt. #, etc.	
City & State HOUSTON, TX Zip 77055 Country		City & State HOUSTON, TX Zip 77055 Country	
4. FEI Number 58-2343698		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, JESSE E 369 NORTH NEW YORK AVENUE THIRD FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VT <input type="checkbox"/> Delete NAME SILVESTRI, DAN STREET ADDRESS 3033 CHIMNEY ROCK RD., SUITE 400 CITY-ST-ZIP HOUSTON, TX 77056	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1215 GESSNER DR STREET ADDRESS HOUSTON, TX CITY-ST-ZIP 77055		
TITLE PS <input type="checkbox"/> Delete NAME GIULIO, TRULLI STREET ADDRESS 120 KING STREET WEST STE. 1000 CITY-ST-ZIP HAMILTON, ONTARIO L8P 4V2,	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 21 KING ST. W. #809 Box 66 STREET ADDRESS HAMILTON, ONTARIO L8P 4W7 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			