


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000038405 1. Entity Name TEIXEIRA ENTERPRISES, INC.	
---	---

Principal Place of Business 2009 ROOSEVELT RIVE KEY WEST, FL 33040 US	Mailing Address 2009 ROOSEVELT RIVE KEY WEST, FL 33040 US
---	---

DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0830142	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

**TEIXEIRA, BRENTON C
2009 ROOSEVELT DRIVE
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 Brenton C Teixeira DATE 3/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEIXEIRA, BRENTON C 2009 ROOSEVELT DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOWNSEND, IVOR P.O. BOX 2875 KEY WEST, FL 33045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000673733
04/03/07-80049-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 reports 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: Brenton C Teixeira DATE 3/21/07 DAYTIME PHONE # 305 3045158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR