


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000004119</b> 1. Entity Name ESTATES INTERNATIONALE, INC.	
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Principal Place of Business 959 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 959 PERIWINKLE WAY SANIBEL, FL 33957
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**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1050578	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
NOVELLI, JOANNE B  
959 PERIWINKLE WAY  
SANIBEL, FL 33957

**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: J.B. Novelli DATE: 4/22/08  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOVELLI, JOANNE B 1290 ISABEL SANIBEL, FL 33957
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05/21/08-80095-015 158.75

**DO NOT WRITE  
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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 an address with all other like empowered.

SIGNATURE: J.B. Novelli J.B. Novelli 4/22/08 239-385-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #