

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90184 002 ***150.00

DOCUMENT # P02000014026

1. Entity Name
TEBALDI APPRAISALS, INC.



Principal Place of Business
**330 N.E. 60 STREET
FORT LAUDERDALE, FL 33334**

Mailing Address
**330 N.E. 60 STREET
FORT LAUDERDALE, FL 33334**

2. Principal Place of Business - No P.O. Box #
340 NE 60 Street

3. Mailing Address
340 NE 60 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip
33334 Country
USA

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Ft. Lauderdale, FL
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33334 Country
USA

04292008 Chg-P CR2E034 (12/06)

4. FEI Number
01-0593709 Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KING, MARK
5353 NORTH FEDERAL HIGHWAY
207
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent
Name
Maureen Tebaldi
Street Address (P.O. Box Number is Not Acceptable)
340 NE 60 Street
City
Ft. Lauderdale FL Zip Code
33334

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 **MAUREEN Tebaldi / President** DATE **4-29-08**
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TEBALDI, MAUREEN 330 N.E. 60 STREET FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Maureen Tebaldi 340 NE 60 Street Ft. Lauderdale, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MAUREEN Tebaldi / President** DATE **4-29-08**