

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

2008 DEC -2 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09152008 No Chg-P CR2E034 (11/05)

**DOCUMENT #P03000066749**

1. Entity Name  
CORTABELLA, INC.



Principal Place of Business  
172 SAN MARCO AVE  
ST AUGUSTINE, FL 32084

Mailing Address  
172 SAN MARCO AVE  
ST AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1887880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SMYTH, MICHAEL V  
172 SAN MARCO AVE  
ST AUGUSTINE, FL 32084

**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

Signature, type or print name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMYTH, MICHAEL 172 SAN MARCO AVE ST AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

11-5-08 01024 005 \$150.00

**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT**

2008

*QSS*

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #