

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90056 020 \*\*\*150.00

**DOCUMENT # P03000135196**

1. Entity Name  
**TIBIOLI, INC.**



Principal Place of Business  
**4089 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224**

Mailing Address  
**4089 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34224**

**DO NOT WRITE IN THIS SPACE**



08142007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1094643**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**FLISCHEL, TOWNSEND & MURTHA, P.A.  
900 EAST PINE STREET  
SUITE #126  
ENGLEWOOD, FL 34223**

**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, typed or printed 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 14, 2007**

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	PTD
NAME	STEINBRECHER, TIBERIU
STREET ADDRESS	<del>13615 11TH TERRACE EAST</del> 917 BAYSHORE DRIVE
CITY-ST-ZIP	<del>BRADENTON, FL 34212</del> ENGLEWOOD FL 34223

TITLE	SD
NAME	STEINBRECHER, IOLANDA H
STREET ADDRESS	<del>13615 11TH TERRACE EAST</del> 917 BAYSHORE DRIVE
CITY-ST-ZIP	<del>BRADENTON, FL 34212</del> ENGLEWOOD FL 34223

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CITY-ST-ZIP	

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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 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 #