


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90076 011 \*\*\*150.00

<b>DOCUMENT # P18316</b> 1. Entity Name TELADO PTY. LIMITED INCORPORATED	
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Principal Place of Business LEVEL 2 2 GROSVENOR STREET BONDI JUNCTION, AUSTRALIA, 2022 US	Mailing Address PO BOX 177 BONDI JUNCTION, AUSTRALIA, 1355 US
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40042466



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0063382	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

CRAIG, HUNTER B  
201 SOUTHEAST 24TH AVE  
POMPANO BCH, FL 33062

**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**  
**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	D COOMBES, PETER C. 15 QUEENS AVE. VAUCLUSE, AUSTRALIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBES, HELENE 15 QUEENS AVE. VAUCLUSE, AUSTRALIA,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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

2/27/2008

Date

61(02)93896111

Daytime Phone #