

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000074505

1. Entity Name
TELLURIDE GROUP, INC.



Principal Place of Business
6494 NW 32 WAY
BOCA RATON, FL 33496 US

Mailing Address
6494 NW 32 WAY
BOCA RATON, FL 33496 US



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0708681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REDGRAVE & OLIVER LLP
120 EAST PALMETTO PARK ROAD
SUITE 450
BOCA RATON, FL 33432

**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

000000785398
01/16/08-80094-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	CARBERRY, ROBERT L
STREET ADDRESS	6494 NORTHWEST 32ND WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	CARBERRY, GREG
STREET ADDRESS	6494 N W 32 WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	CARBERRY, CHRISTOPHER
STREET ADDRESS	5404 LAKE WASHINGTON BLVD AVE APT J
CITY-ST-ZIP	KIRKLAND, WA 98033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

Robert L Carberry ROBERT L CARBERRY

1/11/2008

(561) 996-0258