

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000076200

**Entity Name:** CHATTERBOX THERAPY SERVICES, INC.

**Current Principal Place of Business:**

8481 S.W. 167TH TERR.  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

P.O. BOX 570129  
MIAMI, FL 33257 US

**FEI Number:** 26-3225501

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TIBALDEO, EMMA  
14770 SW 79 AVE  
PALMETTO BAY, FL 33158 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PS  
Name TIBALDEO, SANDRA  
Address P.O.BOX 570129  
City-State-Zip: MIAMI FL 33257

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA TIBALDEO

**PRESIDENT**

**04/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date