

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000044296

Entity Name: IDECKING, INC.**Current Principal Place of Business:**150 S.E. 2ND AVENUE, SUITE 1010
MIAMI, FL 33131**Current Mailing Address:**150 S.E. 2ND AVENUE, SUITE 1010
MIAMI, FL 33131**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLOGNA, STEFANIA ESQ.
150 S.E. 2ND AVENUE, SUITE 1010
MIAMI, FL 33131 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	D
Name	SCARPINO, GREGORY
Address	635 JACKSON MILLS RD
City-State-Zip:	JACKSON NJ 08527

Title	PRESIDENT
Name	AQUILANI, GIORGIO
Address	VIA CASTELLO VINCI 13
City-State-Zip:	VETRALLA VT 01019

Title	VP
Name	SCARPINO, JOHN
Address	69 LARCHWOOD AVENUE
City-State-Zip:	WEST LONG BRANCH NJ 07764

Title	SECRETARY
Name	SENSI, CARLO
Address	VIA SONCINO 58
City-State-Zip:	ROME RM 00166

Title	TREASURER
Name	SENSI, GIANNI
Address	VIA EUGENIO GRA 30
City-State-Zip:	ROME RM 00165

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: GREGORY SCARPINO

D

04/23/2017

Electronic Signature of Signing Officer/Director Detail_____
Date