


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90204 028 ****61.25

DOCUMENT # N04000005007 1. Entity Name ITTA CHARITIES CORP.					
Principal Place of Business 4382 MAHOGANY RIDGE DR. WESTON, FL 33331			Mailing Address 4382 MAHOGANY RIDGE DR. WESTON, FL 33331		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2157514	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZEI, GLADYS E 4382 MAHOGANY RIDGE DR. WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MAZZEI, GLADYS E 4382 MAHOGANY RIDGE ROAD WESTON, FL 33331 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Pena, Sandra 12625 NW 11 Ct Sunrise, FL 33323 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENAO, CONSUELO 109 LAFAYETTE ST TAPPAN, NY 10983 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Gloria, Matilde 7200 Radice Ct, Apt 803-2 Landerhill, FL 33319 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAZZEI, EDMUND JR. 4382 MAHOGANY RIDGE ROAD WESTON, FL 33331 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Ramos, Leonardo 273 Conservation Dr Weston, FL 33327 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAGY, RICHARD 10 FAIRWAY DRIVE #207 DEERFIELD BEACH, FL 33441 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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 617, 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: <u>Gladys E. Mazzei</u> PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					

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