

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046560

Entity Name: 011 TELLECOMMUNICATIONS, INC.

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

POB 144642
CORAL GABLES, FL 33114

New Principal Place of Business:

2490 BLACKBURN CIR
CAPE CORAL, FL 33991

Current Mailing Address:

POB 144642
CORAL GABLES, FL 33114

New Mailing Address:

2490 BLACKBURN CIR
CAPE CORAL, FL 33991

FEI Number: 20-2581615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARVISTO, VESA J
11153 COIMBRA LN
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

JARVISTO, VESA J
2490 BLACKBURN CIR
CAPE CORAL, FL 33991 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: VESA JARVISTO

05/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JARVISTO, VESA J
Address: PO BOX 144642
City-St-Zip: CORAL GABLES, FL 33114

Title: VP () Delete
Name: BRAVO, SOCORRO I
Address: PO BOX 144642
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JARVISTO, VESA J
Address: 2490 BLACKBURN CIR
City-St-Zip: CAPE CORAL, FL 33991

Title: VP (X) Change () Addition
Name: BRAVO, SOCORRO I
Address: 2490 BLACKBURN CIR
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VESA JARVISTO

P

05/02/2009

Electronic Signature of Signing Officer or Director

Date