2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096529

11440 SW 77 AVE

PINECREST, FL 33156

Address:

City-St-Zip:

FILED Feb 02, 2009 Secretary of State

Entity Name: ITO GREEN TEA, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
11440 SW PINECRES	777 AVE ST, FL 33156				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
11440 SW PINECRES	777 AVE ST, FL 33156				
FEI Number	: 22-3968271	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
YOKO, ME 11440 SW MIAMI, FL			YOKO, MESSERSMI TH 11440 SW 77 AVE PINECREST, FL 33156	US	
	e named entity s e of Florida.	submits this statement for the po	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: YOKO MESSERSMITH				02/02/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MESSERSMITH 11440 SW 77 A PINECREST, FL	VE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MESSERSMITH 11440 SW 77 A PINECREST, FL	VE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () MESSERSMITH 11440 SW 77 A PINECREST, FL	VE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	TD () MESSERSMITH	Delete . YUKI	Title: () Name:	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ERIC MESSERSMITH VD 02/02/2009