

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087584

Entity Name: ITED, INC

FILED  
Mar 28, 2009  
Secretary of State

## Current Principal Place of Business:

5054 SW 128TH AVE.  
MIAMI, FL 33175

## New Principal Place of Business:

## Current Mailing Address:

5054 SW 128TH AVE.  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: 26-3424977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CECCHINELLI, GIOVANNI  
5054 SW 128TH AVE.  
MIAMI, FL 33175 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CECCHINELLI, GIOVANNI  
Address: 5054 SW 128TH AVE.  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: CECCHINELLI, ELIANE  
Address: 5054 SW 128TH AVE.  
City-St-Zip: MIAMI, FL 33175

Title: ST ( ) Delete  
Name: CECCHINELLI, JUAN C  
Address: 5054 SW 128TH AVE.  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GIOVANNI CECCHINELLI

P

03/28/2009

Electronic Signature of Signing Officer or Director

Date