


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90198 027 \*\*\*150.00

DOCUMENT # P02000065892			
1. Entity Name ACRITER INC.			
Principal Place of Business 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	
2. Principal Place of Business 17971 BISCAYNE BLVD Suite, Apt. #, etc. #104		3. Mailing Address 17971 BISCAYNE BLVD Suite, Apt. #, etc. #104	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33160		Zip 33160	
Country US		Country US	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: GOLDBERG, ALAN M. Street Address (P.O. Box Number is Not Acceptable): 17971 BISCAYNE BLVD #104 City: AVENTURA FL Zip Code: 33160	
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: <i>Alan M. Goldberg</i>		ALAN M GOLDBERG	
(Signature, typed or printed name of registered agent and title, if applicable.)		(NOTE: Registered Agent signature required when reinstating.)	
DATE: 03-07-06		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUCARI, MARIA M 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P SUCARI, MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17971 BISCAYNE BLVD #104 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRILLO, GUSTAVO 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRILLO, GUSTAVO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17971 BISCAYNE BLVD #104 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEPEDE, JOSE 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEPEDE, GUSTAVO JOSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17971 BISCAYNE BLVD #104 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T CANO, JUAN CARLOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17971 BISCAYNE BLVD #104 AVENTURA FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: <i>Maria Sucari</i>		MARIA SUCARI	
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date: 03-07-06 X	
		Daytime Phone #	

60034148



03072006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1164777 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

# ATTACHMENT

66034148  
#P020000065892

To: ACRITER INC

Date

01/04/06

## INSTRUCTIONS FOR FILING TAX RETURN

Enclosed is Form ANNUAL REPORT

For the period ended 2006

To be signed and dated by:

☐ Taxpayer

☒ MARIA SUCARI  
~~Any Corporate Officer~~

☐ Any Partner

☐ No Signature Necessary

Where indicated on page(s) 1

*Also, write in telephone number*

### PAYMENT OF TAX DUE

Make your check payable to:

☐ Your bank

☐ Florida U.C. Fund

☐ United States Treasury

☐ Florida Department of Revenue

☐ No Check Necessary

☒ Other

FLORIDA DEPARTMENT OF STATE

In the amount of \$150.00

On or before

04/30/06

and

On or before

## PUT YOUR IDENTIFICATION NUMBER ON THE CHECK

### Overpayment of tax:

☐ Overpayment

Amount

of which

is to be applied toward your estimated tax and

will be refunded

☒ No Overpayment

Mail return and check by: 04/30/06

To:

☐ Internal Revenue Service

☐ Florida Department of Revenue

5050 W Tennessee Street  
Tallahassee, FL 32399

PO Box

☒ Other

DIVISION OF CORPORATIONS

PO BOX 1500

TALLAHASSEE, FL 32302-1500

**IMPORTANT: DO NOT MAIL THIS INSTRUCTION SHEET. IT IS FOR YOUR OWN RECORDS.**