

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007
Secretary of

DOCUMENT # P02000065892 1. Entity Name ACRITER INC.					
Principal Place of Business 17971 BISCAYNE BLVD #104 AVENTURA, FL 33160			Mailing Address 17971 BISCAYNE BLVD #104 AVENTURA, FL 33160		
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		Country		05112007 Chg-P CR2E034 (12/08)	
4. FEI Number 57-1164777				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, ALAN M 17971 BISCAYNE BLVD. #104 AVENTURA, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when installing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SUCARI, MARIA M 17971 BISCAYNE BLVD #104 AVENTURA, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRILLO, GUSTAVO 17971 BISCAYNE BLVD #104 AVENTURA, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DYPEDE, GUSTAVO J 17971 BISCAYNE BLVD. #104 AVENTURA, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CANO, JUAN C 17971 BISCAYNE BLVD. #104 AVENTURA, FL 33160	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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: <u>MARIA SUCARI</u> MAY 14 2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Ind) (Delete) Phone #					