

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107539

**FILED**  
**Feb 18, 2005**  
**Secretary of State**

**Entity Name:** ACEDON'TBITE FINANCIAL, INC.

**Current Principal Place of Business:**

443 ESPANOLA WAY  
305  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

443 ESPANOLA WAY  
305  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 20-0287557      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZ, MICHAEL  
443 ESPANOLA WAY  
305  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

LAMONICA, DAWN  
443 ESPANOLA WAY  
305  
MIAMI BEACH, FL 33139 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: DAWN LAMONICA      02/18/2005  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SAIONTZ, STEVE  
Address: 443 ESPANOLA WAY, SUITE 305  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP      ( ) Delete  
Name: ROBINS, GINA  
Address: 443 ESPANOLA WAY, SUITE 305  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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: GINA ROBINS      VP      02/18/2005  
Electronic Signature of Signing Officer or Director      Date