


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000107539 1. Entity Name ACEDON'TBITE FINANCIAL, INC.	
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Principal Place of Business 443 ESPANOLA WAY 305 MIAMI BEACH FL 33139	Mailing Address 443 ESPANOLA WAY 305 MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAMONICA, DAWN 443 ESPANOLA WAY 305 MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

4. FEI Number 20-0287557	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P SAIONTZ, STEVE <input type="checkbox"/> Delete
NAME	443 ESPANOLA WAY, SUITE 305
STREET ADDRESS	MIAMI BEACH FL 33139
CITY- ST- ZIP	
TITLE	VP ROBINS, GINA <input type="checkbox"/> Delete
NAME	443 ESPANOLA WAY, SUITE 305
STREET ADDRESS	MIAMI BEACH FL 33139
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000677575
STREET ADDRESS	03/30/07-80111-001 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____