


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # G10825
 1. Entity Name
NORTH POINT TRADING, INC.



Principal Place of Business Mailing Address
% MILDRED J.F. VERGARA **% MILDRED J.F. VERGARA**
8951 SW 57TH TERR. **8951 SW 57TH TERR.**
MIAMI, FL 33173 **MIAMI, FL 33173**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2236408 Not Applicable

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

6. Name and Address of Current Registered Agent
VERGARA, MILDRED J.F.
8951 S.W. 57TH TERRACE
MIAMI, FL 33173

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VERGARA, MILDRED J 8951 SW 57TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOZANO, ALCIRA VERGARA 8951 S.W. 57TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SENG, MILDRED V 8951 SW 57TH TERRACE MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *A. Lozano* **A. LOZANO** *2/2/05* **305-5963933**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #