

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000092046

FILED
Sep 02, 2003
Secretary of State

Entity Name: THE POINT 906, INC.

Current Principal Place of Business:

C/O 1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O 1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 14-1848470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL RIO LOAIZA, DANIEL ANTONIO
Address: 1200 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: ZEPEDA DE DEL RIO, SOCORRO DMARIA
Address: 1200 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

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: DANIEL DEL RIO

PD

09/02/2003

Electronic Signature of Signing Officer or Director

_____ Date