
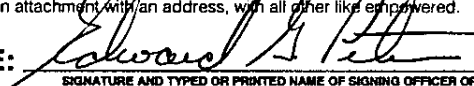


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90012 047 \*\*\*150.00

DOCUMENT # P03000049314					
1. Entity Name GLOBAL POINT CAPITAL CORPORATION					
Principal Place of Business 2625 NW 20TH ST MIAMI, FL 33142		Mailing Address 2625 NW 20TH ST MIAMI, FL 33142			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0173803	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEISECA, EDUARDO EA 9655 S DIXIE HWY STE 113 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANLLEY, SALVADOR A		NAME		
STREET ADDRESS	10220 SW 88 AVE		STREET ADDRESS	2625 NW 20TH STREET	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS, EDWARD G		NAME		
STREET ADDRESS	1717 N BAYSHORE DR #3142		STREET ADDRESS	2625 20TH STREET	
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LEE F		NAME		
STREET ADDRESS	155 OCEAN LANE DR #507		STREET ADDRESS	2625 20TH STREET	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			MARCH 30, 2004 305-439-2628		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		