2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000119805

1. Entity Name
POINTE DEVELOPERS, INC.

Principal Place of Business	Mailing Address
1637 NW 27TH AVE	1637 NW 27TH AVE
MIAMI, FL 33125	MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number
84-1656604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORERA, JORGE
1637 NW 27TH AVE
MIAMI, FL 33125

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000429573
02/22/06-80014-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VELOCCI, RALPH
STREET ADDRESS	1637 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	D
NAME	ARISSO, ALBERT
STREET ADDRESS	1637 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	D
NAME	MORERA, JORGE
STREET ADDRESS	1637 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

2/09/06

Date   Daytime Phone #