


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90396 040 ****61.25

DOCUMENT # 771186 1. Entity Name POINT VIEW ASSOCIATION, INC.	
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Principal Place of Business 1408 BRICKELL BAY DR 1211 MIAMI, F 33131 US	Mailing Address 1408 BRICKELL BAY DR 1211 MIAMI, F 33131 US
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50038861



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2427470	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZAMORA, NELLY 1408 BRICKELL BAY DR APT. 1211 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	DP ZAMORA, NELLY 1408 BRICKELL BAY DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALFARO, ESPERANZA 1430 BRICKELL BAY DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCORMICK, SYLVIA 1440 BRICKELL BAY DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CARMAN A 1402 BRICKELL BAY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOAQUIN 1450 BRICKELL BAY DR MIAMI, FL 33131
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 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 617, 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: Nelly R. Zamora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 305 3735987
Date Daytime Phone #