

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72819

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: GULFPOINT REALTY, INC.

**Current Principal Place of Business:**

GULF POINT REALTY INC  
7651 MEDICAL DR  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

GULF POINT REALTY INC  
7651 MEDICAL DR  
HUDSON, FL 34667 US

**New Mailing Address:**

FEI Number: 59-2828332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORGE, AYUB M.D.  
7651 MEDICAL DRIVE  
HUDSON, FL 34667 US

**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: VP ( ) Delete  
Name: SOKOL, GERALD H  
Address: 7651 MEDICAL DR.  
City-St-Zip: HUDSON, FL 34667

Title: PD ( ) Delete  
Name: AYUB, JORGE  
Address: 7651 MEDICAL DR.  
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete  
Name: MATZKOWITZ, ARTHUR J  
Address: 7651 MEDICAL DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: SENNABAUM, JOSEPH M  
Address: 7651 MEDICAL DRIVE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: JORGE AYUB MD

PD

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date