2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# L08000102814

Entity Name: PINPOINT CONSULTING GROUP, LLC

Current Principal Place of Business:

5700 COLLINS AVE.
SUITE 10D
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

117 NE 1ST AVE
SUITE 1203
MIAMI, FL 33132 US

Current Mailing Address:

5700 COLLINS AVE.
SUITE 10D
MIAMI BEACH, FL 33140 US

New Mailing Address:

117 NE 1ST AVE
SUITE 1203
MIAMI, FL 33132 US

FEI Number: 26-3675232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: D'SOUSA, JONATHAN
Address: 5700 COLLINS AVE. SUITE 10D
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM (X) Delete
Name: HERSH, ELAN
Address: 5700 COLLINS AVE. SUITE 10D
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COLLIN, ANNE-CAMILLE
Address: 117 NE 1ST AVE, SUITE 1203
City-St-Zip: MIAMI, FL 33132 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANNE-CAMILLE COLLIN MGRM 10/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date