2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Principal Place of Business	DOCUMENT # L43365 1. Entity Name POINTE CHASE SALES CORPORATION						Feb 03, 2005 08:00 AM Secretary of State					
2. Principal Place of Business S. Mailling Address Subs, Act #, 466. Subs Subs, Act #, 466. Subs				_ /								
BOCA RATON FL 33433 Suite, Apt 6, etc. Suite, Apt 7, etc. Suite, Apt 6, etc. Suite, Apt 7, etc. Suite, Apt 8, etc. Suite	Principal Plac	e of Business	Mailing	Mailing Address			1					
Sum. Ant # etc. Suite. Apt #, etc. Suite. Apt #, etc. 1st MOORE CR26934 (10/04) City & State City & State Cop & State Copy &												
Suite. Api ** etc. Suite. Api ** etc. Suite. Api ** etc. 1et. McORE CR2EQ34 (100c4) City & State City & State City & State 1et. McORE CR2EQ34 (100c4) Zib Country Zib Country S. Conflicta of Subur Desire Required Res Against Rea Applicable Rea Against Rea Applicable Rea Against Re							19	MINDIN MIT DERBUR INTER INNIR MITTER DERF MED I		MEMBA MININ		
City & State State Country City & State City & State State Country City & State City & St	2. Principal P	Place of Business	3. Mail	3. Mailing Address								
See Applicable See	Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.			15	st MOORE CR2E	034 (10/0)4)		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent LEVINE, MARVIN H. 23440 MIRDDELLA CIR BOCA RATON FL 33433 CRY B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE THE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State Onort Registered Agent separate results who included by a state state of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida I and familiar with, and accept the obligations of registered agent, or both, in the State of Florida I and familiar with and accept the state of Florida I and accept the state of Flor	Crty & Stat	e	City	City & State			4. FEI Numb	oer 65-0168364				
LEVINE_MARVIN_H_ 23440 MIRRDELLA CIR	Zip	Country	Zip		Соип	itry	5. Certificate	of Status Desired		5 Addit	lional	
LEVINE, MARYIN H. 23440 MIRROELLA CIR BOCA RATON FL 33433 City FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE: Shear Address (P. O. Box Number is Not Acceptable) City FL 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. Lam familiar with, and accept the collapsions of registered agent. SIGNATURE: Shear Address (P. O. Box Number is Not Acceptable) City FL Zip Code R. 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. Lam familiar with, and accept the collapsing in		6. Name and Address of Curre	nt Registere	d Agent			7. Name an	d Address of New Registe				
23440 MIRRDELLA CIR BOCA RATON FL 33433 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!! FEE S 156.00 After May 1, 2009 Fee Will Bo \$550.00 Make Check Payable to Florida Department of State 10.	LEV	INE. MARVIN H.										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. PART ILEVINE, MARVIN H. CASE SIGNATURE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. PART ILEVINE, MARVIN H. CASE SIGNATURE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. PART ILEVINE, MARVIN H. CASE SIGNATURE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES SIGNATURE	234	40 MIRRDELLA CIR		Street Add			ss (P.O. Box Number is Not Acceptable)					
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	ВОС	DA RATON FL 33433								<u>.</u>	_= \%	
the obligations of registered agent. SIGNATURE SIGNATURE	•					City			FL Zir	o Code		
FILE NOW!! FEELS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above	named entity submits this statementions of registered agent.	t for the purpo	ose of changing its	register	ed office or register	red agent, or be	oth, in the State of Florida.	l am familiar	r with, a	nd accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10.							<u>.</u> -				e	
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10.			gent and talle if appl	icable (NOT	E Registere	d Agent signature required	f when reinstating),	-:, - D	ATE -		<u>अस्तर्या</u> तः (केन्)	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE I	After	May 1, 2005 Fee Will Be \$550									-	
NAME LEVINE, MARVIN H. SIRET ADDRESS D2/03/05-B0022-011 150.00 OCTY-ST-2P BOCA RATON FL 33433 COTY-ST-2P OTHER Delete LITE Delete LITE NAME SIRET ADDRESS CITY-ST-2P CITY-ST-2P OTHER Delete LITE NAME LEVINE, ARTON FL 33433 COTY-ST-2P OTHER DELETE DELETE OTHER DELETE DELETE ITE DELETE DE		- and the second		R\$	11.		ADDITIONS	/ /CHANGES TO OFFICERS	AND DIREC	CTORS	<u></u>	
SHEET ADDRESS CITY ST- ZP CITY-ST- ZP CITY		1-		Delete		1		00,400000021225	ვ ^{□ ი}	•		
INTE NAME STREET ADDRESS CITY ST. 7P INTE Detele INTE NAME STREET ADDRESS CITY ST. 7P INTE Detele INTE NAME STREET ADDRESS CITY ST. 7P INTE Detele INTE STREET ADDRESS CITY ST. 7P INTE DETEL STREET ADDRESS CITY ST. 7P INTE DETEL STREET ADDRESS CITY ST. 7P INTE STREET	STREET ADDRESS	22683 MERIDANA DR			STRE	ET ADDRESS		02/03/05-80022	-011 15	oU.UL	1	
NAME SIREET ADDRESS CITY ST-7IP CITY ST-7IP CITY ST-7IP INTE NAME SIREET ADDRESS CITY-ST-7IP CITY-ST-		BOCA RATON FL 33433								<u>*</u>		
CITY ST-ZIP INTE NAME SIREET ADDRESS CITY ST-ZIP INTE NAME SIREET ADDRESS CITY-ST-ZIP INTE NAME SIRET ADDRESS CITY-				∟ Delete		1			; ())	mine	Addition	
INTE NAME NAME NAME NAME STREET ADDRESS CITY ST //P CITY	r.											
NAME SIREET ADDRESS CITY ST /P III.E NAME SIREET ADDRESS CITY ST /2P III.E NAME SIREET ADDRESS				☐ Delete				<u> </u>		lange	Addition	
CITY-ST-ZIP ITILE						i						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE Detete ITLE Detete ITLE Detect NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Detect ITLE Detect NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Detect ITLE Detect												
STREET ADDRESS CITY-ST-ZIP THEE Detete NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE Detete NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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:				☐ Delete					□ ch	ange	Addition	
ITILE NAME STREET ADDRESS CITY ST ZIP ITILE NAME STREET ADDRESS CITY ST ZIP ITILE NAME STREET ADDRESS 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 of 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: **Change** Addition** **					1	l						
NAME \$TREET ADDRESS CITY- \$1-7!P Delete MTLE Change Addition	CITY-SI-ZIP				ÇITY	- ST-ZIP					·	
CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empoyered 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: CITY-ST-ZIP CITY-ST-ZIP 1. 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 of trustee empoyered 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:				☐ Delete	1	ì			Ch	ange	Addition	
INSULT NAME STREET ADDRESS 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 of trustee empoyered 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: ### Change												
NAME STREET ADDRESS 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 of 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: MANUAL EVINE 1-28-05 50/150 4230				□ Dolote						ange	Addition	
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 of 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: ### CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME			□ Dél£te	NAM	E				migo	L. Addition	
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 of 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: MANNWHILEVINE 1-28-05 50/150 4230						ł						
SIGNATURE.	12. I hereby of indicated of the corchanged.	certify that the information supplied von this report or supplemental reportoration or the receiver of trustee er or on an attachment with an address	vith this filing rt is true and a npowered to ss, with all other	accurate and that report execute this report er like empowered	the exer my signat as requi	mption stated in Se ture shall have the red by Chapter 607	same legal effe 7, Florida Statut	ct as if made under oath; these, and that my name appe	nat I am an c ears în Block	officer o	or director Block 11 if	
	SIGNAT	URE: SIGNATURE AND TYPED O	OR PRINTED NAM		<u>- </u>		4		··		1230	

FILED