
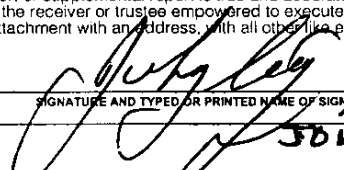


**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90034 021 \*\*\*550.00

<b>DOCUMENT # M19619</b> 1. Entity Name <b>PIZZA POINT, INCORPORATED</b>					
Principal Place of Business <b>10802 NE 6TH AVE MIAMI, FL 33161</b>			Mailing Address <b>10802 NE 6TH AVE MIAMI, FL 33161</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>859 NE 115 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI FL</b>		4. FEI Number <b>59-2565880</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33161</b>		<b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KUMAR, ASHWANI 10802 NE 6TH AVE MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent Name <b>JOHN COETZEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>859 NE 115 STREET</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33161</b>		
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:  <b>JOHN COETZEE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE: <b>5/7/08</b>		
<b>FILE NOW!! FEE IS \$550.00 Due by September 12, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KUMAR, ASHWANI 10802 NE 6TH AVE MIAMI, FL 33161</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T/D JOHN COETZEE 859 NE 115 STREET MIAMI FL 33161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>JOHN COETZEE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/7/08</b> Daytime Phone #: <b>786-586-9731</b>		