

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90016 001 ***150.00

1. Entity Name
SUN POINT DESIGN, INC.

Principal Place of Business	Mailing Address
11516 SW 59TH CT COPPER CITY, FL 33330	11516 SW 59TH CT COPPER CITY, FL 33330

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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KEVIN, PATTERSON 11516 SW 59TH CT FORT LAUDERDALE, FL 33330	Name
	Street Address
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registers the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10.	OFFICERS AND DIRECTORS	11.
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TITLE	D	<input type="checkbox"/> Delete	TITLE	
NAME	MOORE, BRET		NAME	
STREET ADDRESS	2301 YUCCA AVE.		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL		CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	PATTERSON, KEVIN A.		NAME
STREET ADDRESS	11516 SW 59 CT		STREET ADDRESS
CITY-ST-ZIP	COOPER CITY, FL		CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP


TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
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 S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin A. Patterson KEVIN A. PATTERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State

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4. FEI Number 59-2706767	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
FL	Zip Code

_____ (Date when reissuing) _____ DATE

5.00	00000000
0000000000	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Section 119.07(3)(i), Florida Statutes. I further certify that the information has the same legal effect as if made under oath; that I am an officer or director of the company, as defined in Section 119.07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

N 2/29/04 735-3533
Date Daytime Phone #