


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90298 016 ***150.00

DOCUMENT # M42241
 1. Entity Name
RIDGEPOINT, INC.



Principal Place of Business
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI, FL 33131 US

Mailing Address
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI, FL 33131 US

14011733



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
59-2836667

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 3. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|----------|
| CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131 | | Name | |
| | | Street 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LISBOA, JANINE V 32 PLAYERS CLUB VILLAS PONTE VEDRA BEACH, FL 32082 <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 | P LISBOA, JOSE F CASA DE QUINTA, VALE DO LOBO ALMANCIL, PORTUGAL, 8135-01 <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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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 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: Jose Francisco Lisbon **JOSE FRANCISCO LISBON** 04/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #