

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90413 025 \*\*\*150.00

**DOCUMENT # P00000011842**

1. Entity Name  
**HARDPOINT, CORP.**



Principal Place of Business  
**7255 NW 68TH ST #10  
MIAMI, FL 33166**

Mailing Address  
**7255 NW 68TH ST #10  
MIAMI, FL 33166**

**50008726**



03032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

**7225 N.W. 68th STREET**

3. Mailing Address

**7225 N.W. 68th STREET**

Suite, Apt. #, etc.

**11**

Suite, Apt. #, etc.

**11**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0985460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHVETZ, JORGE  
7255 NW 68TH ST #10  
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

**SCHVETZ, JORGE**

Street Address (P.O. Box Number is Not Acceptable)

**7225 N.W. 68th STREET**

**SUITE # 11**

City

**MIAMI**

**FL**

Zip Code

**33166**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTS  
SZPIC, GABRIEL A  
CRESPO 3390  
CAPITAL FEDERAL, ARGENTINA,**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SCHVETZ, JORGE H  
5701 COLLINS AVE #603  
MIAMI BEACH, FL 33140**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTS  
SCHVETZ, JORGE H  
7225 N.W. 68th ST. SUITE # 11  
MIAMI, FL. 33.166**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
FONTENLA, MONICA  
7225 NW 68th ST. SUITE # 11  
MIAMI, FL. 33.166**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/28/06 (326) 229-9498**

Date

Daytime Phone #