

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90026 034 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000017170**



1. Entity Name  
**POINT INVESTMENT & REAL ESTATE MANAGEMENT,  
INC.**

**Principal Place of Business**

**9500 S DADELAND BLVD STE 700  
MIAMI, FL 33156**

**CHANGE TO:**

**Mailing Address**

**9500 S DADELAND BLVD STE 700  
MIAMI, FL 33156**

**CHANGE TO:**

**54023395**



**2. Principal Place of Business**

**3707 NE 214 Street**

Suite, Apt. #, etc.  
**Aventura, FL**

**3. Mailing Address**

**3707 NE 214th Street**

Suite, Apt. #, etc.

03152004 Chg-P CR2E034 (10/03)

City & State  
**Aventura, FL**

City & State  
**Aventura, FL**

4. FEI Number  
**65-1003017**

Applied For  
☐ Not Applicable

Zip  
**33180**

Country  
**Miami-Dade**

Zip  
**33180**

Country  
**Miami-Dade**

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

**6. Name and Address of Current Registered Agent**

**WILSON, DONALD D JR  
9500 S DADELAND BLVD STE 700  
MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name  
**DAVID NEVEL,**

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

**11900 Biscayne Blvd., #806**

City  
**N. Miami, FL**

Zip Code  
**33181**

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.

**DAVID NEVEL, Registered Agent**

**March 15, 2004**

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**D** ☒ Delete  
NAME  
**MEHZER, ANDREW**  
STREET ADDRESS  
**6301 COLLINS AVE**  
CITY-ST-ZIP  
**MIAMI, FL 33141**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**Director/President/Secretary** ☐ Change ☒ Addition  
NAME  
**DANA NEVEL**  
STREET ADDRESS  
**3707 N.E. 214th Street**  
CITY-ST-ZIP  
**Aventura, FL 33180**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
NAME ☐ Change ☐ Addition  
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 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:

*Dana Nevel*

**DANA NEVEL, D/P/S**

**March 15, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-674-9000