2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000055487

1. Entity Name ...

5 POINTS B.B.Q. & GRILL, INC.



FILED Jul 28, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

301 N.E. 41 ST.

FORT LAUDERDALE, FL 33334

301 N.E. 41 ST. FORT LAUDERDALE, FL 33334



07242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2318521

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEROROTUA, SHERYL 301 NE 41 ST FORT LAUDERDALE, FL 33334

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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 # applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		Election Campalgn Financing Trust Fund Contribution.	· _	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEROROTUA, SHERYL L 301 NE 41 ST FORT LAUDERDALE, FL 33334				000000572707 07/28/06-80010-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GODBOUT, ROGER J 301 NE 41 ST FORT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				
TITLE NAME STREET ADDRESS					

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: Shery Live of Provide NAME OF SIGNAL OFFICER OF DIRECTOR 1/24/06 954-563-9842