



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90293 001 ***158.75

DOCUMENT # P01000057828 1. Entity Name PUNTO FINAL OF MIAMI CORPORATION					
Principal Place of Business 7360 SW 109 TERR PINECREST, FL 33156			Mailing Address 7360 SW 109 TERR PINECREST, FL 33156		
2. Principal Place of Business 1901 N.W. 22 ST Suite, Apt. #, etc. Miami - FL City & State Miami - FL - Zip 33142 Country USA		3. Mailing Address P.O. Box 352604 Suite, Apt. #, etc. Miami - FL - City & State Miami - FL - Zip 33135 Country USA			
					
04092005 Chg-P CR2E034 (10/03)		4. FEI Number 65-1117279			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent PEREZ, HECTOR I 7360 SW 109 TERR PINECREST, FL 33156			7. Name and Address of New Registered Agent Name MIRNA SANTANA Street Address (P.O. Box Number is Not Acceptable) 2935 N.W. 103 ST City Miami - FL Zip Code 33147		
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 <i>Mirna Santana</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-14-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PEREZ, HECTOR I 7360 SW 109 TERR PINECREST, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRNA SANTANA 2935 N.W. 103 ST Miami-FL- 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDENAS, ALEXI E 7360 SW 109 TERR AVENTURA, FL 33156	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Mirna Santana</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-14-05 Daytime Phone # 512 6014		