

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-21-2002 91187 041 ***150.00
06-20-2002 90057 004 ****35.00

DOCUMENT # 001000059934
1. Entity Name

Q-Point Inc

DO NOT WRITE IN THIS SPACE

870198

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2441 NW 93 Ave.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>104-105</i>		Suite, Apt. #, etc.	
City & State <i>Miami - Florida</i>		City & State	
Zip <i>33172</i>	Country <i>USA</i>	Zip	Country

4. FEI Number <i>05-118688</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State.	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>President Angel Peudza 2441 NW 93 Ave. #104 Miami FL 33172</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>President Wileydy G Peudza 15062 SW 141 St Miami FL 33196</i>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *[Signature]* Date: *05-13-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)