2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061978

Address:

City-St-Zip:

1371 NE 172ND ST

NORTH MIAMI BEACH, FL 33162

FILED Feb 10, 2004 Secretary of State

Entity Na	me: NORTHI	POINT CONSULTANTS, IN	C.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
6175 NW	153RD ST						
325 MIAMI LAK	(ES, FL 33014	1					
	lailing Addres		New Mailir	New Mailing Address:			
	_			9 /			
6175 NW 325							
MIAMI LAK	(ES, FL 33014	1					
FEI Number	: 65-1115500	FEI Number Applied For ()	FEI Number Not Appli	cable () Cert	ificate of Status Desire	d (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
PRITZKEF 1371 NE 1 MIAMI, FL	72ND STREE	Т					
	named entity e of Florida.	submits this statement for th	ne purpose of changing it	s registered office	or registered agent,	or both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered	Agent	t Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRITZKER, AL 1371 NE 172NI		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Title: Name: Address: City-St-Zip:	PRITZKER, BR 1371 NE 172NI		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Title: Name: Address: City-St-Zip:	V (MARTIN, JOSE 1260 REDBIRD MIAMI, FL 331) AVENUE	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Title: Name:	D () PRIZKER. MEN) Delete NACHEN D	Title: Name:	D (X) Chan	ge () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1371 NE 172ND ST

NORTH MIAMI BEACH, FL 33162

SIGNATURE: ALAN PRITZKER **PTSD** 02/10/2004