


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 046 ***150.00

DOCUMENT # P01000105380	
1. Entity Name CENTERPOINTE FINANCIAL, INC.	

Principal Place of Business 12534 WILES ROAD CORAL SPRINGS, FL 33076	Mailing Address 12534 WILES ROAD CORAL SPRINGS, FL 33076
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14006755

2. Principal Place of Business 825 Coral Ridge Dr Suite, Apt. #, etc.	3. Mailing Address 825 Coral Ridge Dr Suite, Apt. #, etc.
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33071	Zip 33071
Country USA	Country USA



04012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1152510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOX-BUTLER, PATRICIA KIPNIS TESCHER LIPPMAN & VALINSKY P.A. 100 NORTHEAST THIRD AVENUE, SUITE 610 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, CRAIG 12534 WILES RD CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 825 Coral Ridge Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 825 Coral Ridge Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Meyer, Thomas	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 825 Coral Ridge Dr Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheir, David	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 825 Coral Ridge Dr Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____	APR 21 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #