


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

14006755



2. Principal Place of Business
 825 Coral Ridge Drive
 Suite, Apt. #, etc.

3. Mailing Address
 825 Coral Ridge Drive
 Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State
 Coral Springs FL

City & State
 Coral Springs FL

Zip **33071** Country **USA** Zip **33071** Country **USA**

4. FEI Number
 65-1152510

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

OK

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, CRAIG	
STREET ADDRESS	12534 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGOLIS, STEPHEN	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	<i>Meyer, Thomas</i>	<input type="checkbox"/> Delete
NAME	<i>D</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Sheik, David</i>	<input type="checkbox"/> Delete
NAME	<i>D</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	825 Coral Ridge Drive	
STREET ADDRESS	Coral Springs, FL 33071	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	825 Coral Ridge Drive	
STREET ADDRESS	Coral Springs, FL 33071	
CITY-ST-ZIP		
TITLE	<i>825 Coral Ridge Dr</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Coral Springs, FL</i>	
STREET ADDRESS	<i>33071</i>	
CITY-ST-ZIP		
TITLE	<i>825 Coral Ridge Dr</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Coral Springs, FL</i>	
STREET ADDRESS	<i>33071</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #