2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000109968

Entity Name
GLOBAL POINT WIRELESS, INC



Principal Place of Business

2315 NW 107 AVENUE M1-M36 BOX 62 MIAMI, FL 33172-2164 US Mailing Address

2315 NW 107 AVENUE M1-M36 BOX 62 MIAMI, FL 33172-2164 US

FILED May 10, 2004 8:00 am Secretary of State

05-10-2004 90474 040 ***150.00

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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1152462 Applied For
Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

	6.	Name	and	Address	of	Current	Registe	ered	Agent
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-CHIRINOS,-MARIO-----2315 NW 107 AVENUE M1-M36

-MIAMI-FL-33172----

DO NOT WRITE
IN THIS SPACE

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

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 CHIRINOS, MARIO NAME 16380 NW 91 COURT STREET ADDRESS CITY*ST-ZIP MIAMI, FL 33018 TITLE KARANYOR, MOREY NAME STREET ADDRESS 16380 NW 91 COURT CITY-ST-ZIP MIAMI, FL 33018 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE
IN THIS SPACE

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

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OFFICER