


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000000487 1. Entity Name POINT DISTRIBUTIONS, INC. |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business 260 CRANDON BOULEVARD UNIT 52 KEY BISCAYNE, FL 33149 | Mailing Address POST OFFICE BOX 490530 KEY BISCAYNE, FL 33149-0530 |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 30-0005288 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|-----------------------------------|

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOLEDO, ORLANDO 260 CRANDON BOULEVARD UNIT 52 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD LORIDO-TOLEDO, MARIA 260 CRANDON BOULEVARD UNIT 52 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NOVO, THELMA G 260 CRANDON BOULEVARD UNIT 52 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000339150
04/28/05-80064-018 150.00

**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)(f), 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

Date

305 389-2511

Daytime Phone #