

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040197

Entity Name: CORTEZ POINTE, INC.

FILED
Jan 14, 2004
Secretary of State

Current Principal Place of Business:

1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 41-2037795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKOWITZ, ALAN
1111 KANE CONCOURSE, SUITE 401
BAY HARBOR ISLANDS, FL 33154

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAKOWITZ, ALAN
Address: 1111 KANE CONCOURSE, SUITE 401
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D () Delete
Name: EGOZI, MAURICE
Address: 1111 KANE CONCOURSE, SUITE 401
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALAN SAKOWITZ

D

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date