FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90119 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000075629**

1. Entity Name
X POINT SUPPLY, INC.

Principal Place of Business	Mailing Address
111 SW 6TH ST. FT. LAUDERDALE, FL 33301	111 SW 6TH ST. FT. LAUDERDALE, FL 33301

2. Principal Place of Business	3. Mailing Address
14004 N.W 16 DR.	14004 N.W 16 DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33028 Country: U.S.A.	Zip: 33028 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3857249 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, LAWRENCE H
2514 HOLLYWOOD BLVD., SUITE 508
HOLLYWOOD, FL 33302

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: Orlando — 04/08/03
(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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: LOZANO, ANDRES STREET ADDRESS: 111 SW 6TH ST. CITY-ST-ZIP: FT. LAUDERDALE, FL 33301	☐ Delete	TITLE: D NAME: LOZANO ANDRES STREET ADDRESS: 14004 N.W 16 DR CITY-ST-ZIP: Pembroke Pines, FL 33028	☑ Change ☐ Addition
TITLE: D NAME: GARCIA, ORLANDO STREET ADDRESS: 111 SW 6TH ST. CITY-ST-ZIP: FT. LAUDERDALE, FL 33301	☐ Delete	TITLE: D NAME: Garcia ORLANDO STREET ADDRESS: 14004 N.W 16 DR. CITY-ST-ZIP: Pembroke Pines, FL 33028	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Orlando — 04/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #