



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90002 041 ***150.00

DOCUMENT # P03000057680 1. Entity Name BLACK POINT CORP					
Principal Place of Business 1013 BAMBOO LN WESTON, FL 33327-2419			Mailing Address 1013 BAMBOO LN WESTON, FL 33327-2419		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 803 REGAL COVE Suite, Apt. #, etc.			
City & State		City & State WESTON, FL 33327		4. FEI Number 71-0947984	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIAS, SILVIA E. 1013 BAMBOO LN WESTON, FL 33327-2419				7. Name and Address of New Registered Agent Name ELIAS, SILVIA E. Street Address (P.O. Box Number is Not Acceptable) 803 REGAL COVE City WESTON FL Zip Code 33327	
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: <u><i>Silvia E. Elias</i></u> <u><i>Silvia E. Elias</i></u> <u>5/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELIAS, SILVIA E 1013 BAMBOO LN WESTON, FL 333272419	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELIAS, SILVIA E. 803 REGAL COVE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, ARIEL 1013 BAMBOO LN WESTON, FL 333272419	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, ARIEL 803 REGAL COVE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MALDONADO, DIANA 1013 BAMBOO LN WESTON, FL 333272419	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MALDONADO, DIANA 803 REGAL COVE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, AARON 1013 BAMBOO LN WESTON, FL 333272419	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, AARON 803 REGAL COVE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, ANABEL 1013 BAMBOO LN WESTON, FL 333272419	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALDONADO, ANABEL 803 REGAL COVE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Silvia E. Elias</i></u> <u>SILVIA E. ELIAS</u> <u>5/23/05</u> <u>(786) 223-5838</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					