
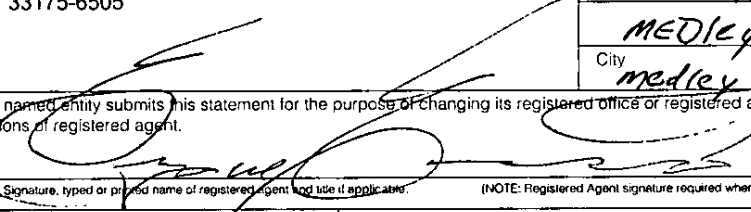
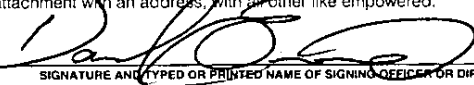


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90041 029 ***150.00

DOCUMENT # P03000066018 1. Entity Name WHITE POINT MANAGEMENT SYSTEMS, INC.			
Principal Place of Business 3124 SW 139 PL MIAMI, FL 33175-6505		Mailing Address 3124 SW 139 PL MIAMI, FL 33175-6505	
2. Principal Place of Business 9700 NW 115 WAY Suite, Apt. #, etc. #3		3. Mailing Address 9700 NW 115 WAY Suite, Apt. #, etc. #3	
City & State MEDLEY FL Zip 33178		City & State MEDLEY FL Zip 33178	
Country DADE		Country DADE	
4. FEI Number 51-0471633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENCINOSA, ENRIQUE G 3124 SW 139 PL MIAMI, FL 33175-6505		7. Name and Address of New Registered Agent Name ENRIQUE G. ENCINOSA Street Address (P.O. Box Number is Not Acceptable) 9700 NW 115 WAY #3 MEDLEY FL 33178 City medley FL Zip Code 33178	
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  DATE 1-17-05 <small>(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 ENCINOSA, ENRIQUE G <input type="checkbox"/> Delete 3124 SW 139 PL MIAMI, FL 331756505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ENRIQUE ENCINOSA 9700 NW 115 WAY #3 medley, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DANIEL ENCINOSA <input type="checkbox"/> Delete 9700 NW 115 WAY #3 medley, FL 331 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANIEL ENCINOSA 9700 NW 115 WAY medley, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DANIEL ENCINOSA 1/17/05 (305) 318-6878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	