


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90003 048 \*\*\*150.00

<b>DOCUMENT # P03000079125</b>			
1. Entity Name <b>POINTE GROUP MANAGEMENT, INC.</b>			
Principal Place of Business 7901 SW 6TH CT, STE 150 PLANTATION, FL 33324		Mailing Address 7901 SW 6TH CT, STE 150 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>DANIELS, NICHOLAS M ESQ THERREL BAISDEN, PA, SUNTRUST INT'L CTR ONE S.E. 3RD AVE, STE 2400 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>PETER C Gardner</b> Street Address (P.O. Box Number is Not Acceptable) <b>7901 SW 6TH COURT, SUITE #150</b> City <b>PLANTATION</b> FL Zip Code <b>33324</b>	
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>Peter C. Gardner</u> DATE: <u>3/30/04</u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <input type="checkbox"/> Delete <b>GARDNER, PETER C</b> 7901 SW 6TH CT, STE 150 PLANTATION, FL 33324	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	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FITZGERALD, LUCETTE L.</b> 7901 SW 6th COURT, #150 PLANTATION, FL 33324
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: <u>Peter C. Gardner</u>		DATE: <u>3/30/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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03032004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0099891** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required