

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**


03-17-2006 90140 022 \*\*\*150.00

**50003379**



**DOCUMENT # P03000079125**

1. Entity Name  
**POINTE GROUP MANAGEMENT, INC.**



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  
**8211 W. BROWARD BLVD**

3. Mailing Address  
**8211 W. BROWARD BLVD**

Suite, Apt. #, etc.  
**SUITE PH-2**

Suite, Apt. #, etc.  
**SUITE PH-2**

01302006 Chg-P CR2E034 (11/05)

City & State  
**PLANTATION, FL**

City & State  
**PLANTATION, FL**

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country  
**USA**

4. FEI Number  
**20-0099891**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARDNER, PETER C  
 7901 SW 6TH COURT  
 SUITE #150  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**8211 W. BROWARD BLVD PH-2**

City **PLANTATION** FL Zip Code **33324**

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 *Peter C Gardner* DATE 3/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D <input type="checkbox"/> Delete<br>GARDNER, PETER C<br>7901 SW 6TH CT, STE 150<br>PLANTATION, FL 33324    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST <input type="checkbox"/> Delete<br>FITZGERALD, LUCETTE L<br>7901 SW 6TH COURT #150<br>PLANTATION, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8211 W. BROWARD BLVD # PH-2<br>PLANTATION, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8211 W. BROWARD BLVD # PH-2<br>PLANTATION, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: *Peter C Gardner* Date 3/13/06 Daytime Phone # 954 727-9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR