

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-20-2005 90357 032 ***150.00

DOCUMENT # P04000067460 1. Entity Name ZERO ON THE POINT CORP.					
Principal Place of Business 21200 N E 38TH AVE # 1704 AVENTURA, FL 33180			Mailing Address 21200 N E 38TH AVE # 1704 AVENTURA, FL 33180		
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			7. Name and Address of New Registered Agent		
SERBER, DANIEL J ESQ TURNBERRY PL STE 801 2875 N E 191ST ST AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</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	ID BRAVER, JORGE 21200 N E 38TH AVE #1704 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 6/15/05 305 775 6161 </div> <small>Date Daytime Phone #</small>		

66020705



04052005 Chg-P CR2E034 (10/03)

4. FEI Number **20-2414428** Applied For Not Applicable

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