

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052928

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: POWERPOINT GLOBAL SOLUTIONS INC

**Current Principal Place of Business:**

8234 NW SOUTH RIVER DR.  
MEDLEY, FL 33166

**New Principal Place of Business:**

7541 NW 77TH TERR  
MEDLEY, FL 33166

**Current Mailing Address:**

8234 NW SOUTH RIVER DR.  
MEDLEY, FL 33166

**New Mailing Address:**

7541 NW 77TH TERR  
MEDLEY, FL 33166

FEI Number: 20-4693449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARBOLEDA, ANDRES  
560 PAYNE DR  
MIAMI SPRINGS, FL 33166 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARBOLEDA, ANDRES  
Address: 560 PAYNE DR  
City-St-Zip: MIAMI SPRINGS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES ARBOLEDA

P

07/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date