


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90021 026 ***158.75

DOCUMENT # P93000042869	
1. Entity Name POINT FUNDING, INC.	

Principal Place of Business 2875 NE 191ST ST PH 1 AVENTURA, FL 33180 US	Mailing Address P. O. BOX 630817 MIAMI, FL 33163 US
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DO NOT WRITE IN THIS SPACE

00000700



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0420401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLEIN, THEODORE J ESQ 8030 PETERS ROAD BLDG D, SUITE 104 PLANTATION, FL 33324

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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILINSKI, SAUL 2875 NE 191ST ST PH 1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILINSKI, FLORETTE 2875 NE 191ST ST PH 1 AVENTURA, FL 33180
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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:  **Saul Gilinski** 3/11/06 (305) 935-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #