

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000042869

1. Entity Name
POINT FUNDING, INC.



Principal Place of Business
2875 NE 191ST ST
PH I
AVENTURA, FL 33180 US

Mailing Address
P. O. BOX 630817
MIAMI, FL 33163 US



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0420401

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000656107
03/14/07-80012-016 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILINSKI, SAUL
STREET ADDRESS 2875 NE 191ST ST PH 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE SD
NAME GILINSKI, FLORETTE
STREET ADDRESS 2875 NE 191ST ST PH 1
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Saul Gilinski 3/2/07 (305) 935-1125