


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 021 ***150.00

DOCUMENT # P94000045859

1. Entity Name
EASTPOINT SUPPLIERS, INC.



Principal Place of Business Mailing Address

6135 W 21 CT **6135 W 21 CT**
HIALEAH, FL 33016 US **HIALEAH, FL 33016 US**

DO NOT WRITE IN THIS SPACE

54040180



03152004 No Chg-P CR2E034 (10/03)

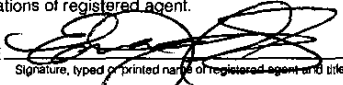
| | |
|---|---------------------------------------|
| 4. FEI Number 65-0571710 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FLEMING, KENNETH
6135 W 21 CT
HIALEAH, FL 33016

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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:  DATE: 4/20/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | FLEMING, KENNETH |
| STREET ADDRESS | 16010 KINGSMOORE WAY |
| CITY-ST-ZIP | MIAMI, FL 33014 |
| TITLE | Pres |
| NAME | Emma Fleming |
| STREET ADDRESS | 16010 Kingsmoor Way |
| CITY-ST-ZIP | Miami Lakes, FL 33014 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:  **Emma Fleming** DATE: 4/20/04 DAYTIME PHONE: 305 828 6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #