## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # P9400059910  1. Entity Name POINT FOURTEEN CORP.							03-28-2	2005 9006	53 042 ***15	0.00
Principal Plac	ce of Business	Mailing Address	•	-			411	04064	16	
	LAND PK BLVD	2787 E OAKLAND PK	DIVID				10	0100	10	
SUITE 411	LAND IN DEVD	SUITE 411	DLVU							
FT LAUDERD	ALE, FL 33306 US	FT LAUDERDALE, FL	33306	US						
2 Delevious III	No. of Decision									
z. Principal P	Place of Business	3. Mailing Address					HIII HIII HEIL			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1				بسبت س	· .	
					02	2182005	Chg-P	CF	R2E034 (10/03)	
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77: -		- <del>-</del>	1			65-0500	)477			ot Applicable
Zip	Country	Zip	Cour	itry	5.	Certificate o	of Status De	sired 🗌	\$8.75 Ad	
*	6. Name and Address of Current	Registered Agent	<del></del>	I	7.	Name and	Address of	New Registe	Fee Require	
•				Name	100					
	EONARD L				U TK		ia Nist As			
	AKLAND PK., BLVD. #411 ERDALE, FL 33306	-	•	Street At	ddress (P.O. 8	Box Number	r is Not Acci	eptable)		
			•							
				City					Zip Coo	ia.
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	ed office or	registered ag	gent, or both	i, in the Stat	e of Florida.	l am familiar with	, and accept
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SIGNATUAS		and self applicable. (NO	T D -:	44. 7.5. 5				3,	15 km	
	poss or primate name of revisioned agent	and the li applicable. (NO	+c: negistere	d Agent signati.	ure required when r	reinstating)			DATE	
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12. Thereby certify that the information supplied with this fitting 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 m Block 10 m

SIGNATURE

THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBECT

3/195

954-563-056=