

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

03-28-2005 90063 042 \*\*\*150.00

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02182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000059910</b>					
1. Entity Name POINT FOURTEEN CORP.					
Principal Place of Business 2787 E OAKLAND PK BLVD SUITE 411 FT LAUDERDALE, FL 33306 US			Mailing Address 2787 E OAKLAND PK BLVD SUITE 411 FT LAUDERDALE, FL 33306 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0500477				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 <del>ANISIL, LEONARD L</del> 2787 E OAKLAND PK., BLVD. #411 FT. LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name: <u>RON FRIEDMAN</u> Street Address (P.O. Box Number is Not Acceptable) City: <u>FL</u> Zip Code: <u>33306</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKUFCA, PATRICIA G 2787 E. OAKLAND PK BLVD 3411 FT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON FRIEDMAN, PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDY TALAM, VP/SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 "D" or Block "E", changed, or on an attachment with an address and all other like empowered.					
SIGNATURE: <u>[Signature]</u> 3/15/05 954-563-0563					