2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000007387 01-12-2004 90001 008 ***158.75 NETPOINT INTERNATIONAL, INC. Principal Place of Business 44000593 Mailing Address 8501 NW 17 ST. 8501 NW 17 ST. #125 #125 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0552066 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOTBOL, ELIAS Street Address (P.O. Box Number is Not Acceptable) 8501 NW 17 ST. #125 MIAMI, FL 33126 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTC TITLE ☐ Delete Change Addition TITLE PTC NAME **BOTBOL, ELIAS** NAME BOTBOL, ELIAS 10889 NORTHWEST 73RD TERRACE STREET ADDRESS STREET ADDRESS 11120 NW 71 ST MIAMI,FL 33178 CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MENSACE, ISAAC NAME NAME MENASCE, ISAAC 9456 SW 125 TERRACE STREET ADDRESS STREET ADDRESS 9453 SW 125 TERRACE MIAMI FL 33176 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP MIAMI.FL Delete ☐ Change ☐ Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Delete ☐ Change ☐ Addition TITI F TITLE * 12 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE TITLE 44 ° NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 required or truster embowered 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 additist, with all other like empowered.

SIGNATURE AND TEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 12, 2004 8:00 am