
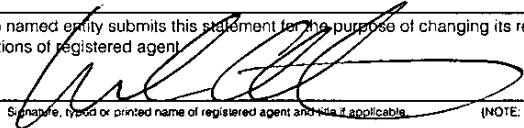
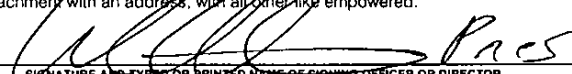


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90035 035 \*\*\*150.00

<b>DOCUMENT # P96000073387</b> 1. Entity Name <b>GRIFFIN POINTE, INC.</b>					
Principal Place of Business <b>1946 TYLER STREET HOLLYWOOD, FL 33020</b>			Mailing Address <b>1946 TYLER STREET HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business <b>100 SE 3rd Avenue</b>			3. Mailing Address <b>One Financial Plaza</b>		
Suite, Apt. #, etc. <b>Suite 1400</b>			Suite, Apt. #, etc. <b>Suite 1400</b>		
City & State <b>Fort Lauderdale, FL</b>			City & State <b>Fort Lauderdale, FL</b>		
Zip <b>33301</b>		Country <b>US</b>		4. FEI Number <b>65-0697100</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ATKINSON, WILSON C III 1946 TYLER ST HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>Wilson C. Atkinson, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 SE 3rd Avenue</b> <b>Suite 1400</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33301</b>		
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 <b>1/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ATKINSON, WILSON C 1946 TYLER STREET HOLLYWOOD, FL 33020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Atkinson, Wilson C. 100 SE 3rd Avenue, Suite 1400 Fort Lauderdale, FL 33301</b> <input checked="" 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	
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <b>1/14/05</b> Daytime Phone # <b>954-925-5501</b>		

**50003966**



01142005 Chg-P CR2E034 (10/03)