

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 010 ***150.00

DOCUMENT # P97000023234



1. Entity Name
POINT CIRCLE CORPORATION

Principal Place of Business
250 AUSTRALIAN AVE.
1550 CLEARLAKE CENTRE
WEST PALM BEACH, FL 33401

Mailing Address
250 AUSTRALIAN AVE.
1550 CLEARLAKE CENTRE
WEST PALM BEACH, FL 33401

40000000



The Montecito - Suite 801
616 Clearwater Park Road
West Palm Beach, Florida 33401

3. Mailing Address
The Montecito - Suite 801
616 Clearwater Park Road
West Palm Beach, Florida 33401

04052006 Chg-P CR2E034 (11/05)

1. FEI Number
65-0925726
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C
250 AUSTRALIAN AVE.
1550 CLEARLAKE CENTRE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name John C. Schneider
Street A The Montecito - Suite 801
616 Clearwater Park Road
City West Palm Beach, FL 33401
Zip Code

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 *John C. Schneider*

4/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	SJOSTROM, MIKAEL	
STREET ADDRESS	10187 N W 87TH AVENUE	
CITY - ST - ZIP	MEDLEY, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mikael Sjostrom* President 4/20/06 (305) 888-8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #