

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049339

Entity Name: FINE POINT TRAININGS, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

9794 NW 27 TERRACE  
MIAMI, FL 33172

## New Principal Place of Business:

9794 NW 27 TERRACE  
DORAL, FL 33172

## Current Mailing Address:

9794 NW 27 TERRACE  
MIAMI, FL 33172

## New Mailing Address:

10181 NW 32 TERRACE  
DORAL, FL 33172

FEI Number: 65-0759757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOUZA-MERIDA, CARIDAD  
9794 NW 27 TERRACE  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

BOUZA-MERIDA, CARIDAD  
10181 NW 32 TERRACE  
DORAL, FL 33172 US

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.

SIGNATURE: CARIDAD BOUZA-MERIDA

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: BOUZA-MERIDA, CARIDAD  
Address: 9794 NW 27 TERRACE  
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Delete  
Name: MERIDA, JOSE A  
Address: 9794 NW 27 TERRACE  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition  
Name: BOUZA-MERIDA, CARIDAD  
Address: 10181 NW 32 TERRACE  
City-St-Zip: DORAL, FL 33172

Title: ST (X) Change ( ) Addition  
Name: MERIDA, JOSE A  
Address: 10181 NW 32 TERRACE  
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD BOUZA-MERIDA

DPV

04/28/2006

Electronic Signature of Signing Officer or Director

Date