Monday, April 04, 2005 9:41 PM Santiago Cabrera (305) 267-[illegible]

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90155 010 ***150.00

DOCUMENT # P98000040417

1. Entity Name
U-2 POINTING INC.
U-2 Pointing Inc.

Principal Place of Business	Mailing Address
11560 NW 23RD ST COROL SPRINGS, FL 33065	11560 NW 23 ST CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
11560 NW 23rd STREET	11560 NW 23rd STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

C3192C05 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0846405 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOTO, ALFONSO 2046 WINNERS CIRCLE NORTH LAUDERDALE, FL 33068	Name: SOTO, ALFONSO Street Address (P.O. Box Number is Not Acceptable): 11560 NW 23rd STREET City: CORAL SPRINGS FL FL Zip Code: 33065

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 my position as registered agent.

SIGNATURE: Alfonso Soto 03/21/05
Signature of new registered agent and the date of acceptance — NOTE: Registered agent's signature required for filing — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOTO, ALFONSO 11560 NW 23 ST CORAL SPRINGS, FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 11560 NW 23rd STREET CORAL SPRINGS, FL 33065 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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 I am familiar with and accept the duties and responsibilities of officers and directors of Florida profit corporations.

SIGNATURE: Alfonso Soto 03/21/05 (754) 368-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #