## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2004 8:00 am Secretary of State

DOCUMENT # P98000087301  1. Enity Name PACIFIC POINTE INC.								01-21-2004	90009 03	31 ***15	0.00
Principal Place of Business 1062 CORAL RIDGE DRIVE POMPANO BEACH, FL 33071			Mailing Address 1062 CORAL RIDGE DRIVE POMPANO BEACH, FL 33071						• <b>40101 (41)</b>		11481     1881   1
2. Principal Place of Business			3. Mailing Address								
Suite Apt. #, etc. 1062 CORAL RIDGE DRIVE			Suite, Apt. #, etc. ±062 CORAL RIDGE DRIVE			E_	01142004	Chg-P	CR2E03	4 (10/03)	e. e.e.
CORAL SPRINGS FL 33071			City & State CORAL SPRINGS, FL				4. FEI Numb 65-087				pplied For ot Applicable
<sup>Z</sup> \$3071	Zig3071 CountrySA		Zip Coun 33071			USA 5. Certificat		e of Status Desired		8.75 Add ee Required	
	6. Name	and Address of Current F	Registered Agent Name				7. Name and Address of New Registered Agent				
OLENICOR 1062 COR POMPANO	AL RIDGE					OLENICOFF, IGOR M.  treet Address (P.O. Box Number is Not Acceptable)  1062 CORAL RIDGE DRIVE					
200					City CO	City CORAL SPRINGS FL				Zip Code	
8. The above named entity submits hit 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  Signature. The above named entity submits hit 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida.											
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	PS	OFFICERS AND I	DIRECTORS Delete	11.	T	PS		/CHANGES TO OFFI		DIRECTORS  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	OLENICO 1062 COF	PFF, IGOR M RAL RIDGE DRIVE O BEACH, FL 33071	broad EFU (UV)	NAM Stre		OLE 106	NICOFF,	IGOR M RIDGE DRIV NGS, FL 330	/E	Ci orang.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1062 COF	OFF, ANDREI RAL RIDGE DRIVE O BEACH, FL 33071	☐ Celete .				NICOFF, 2 CORAL RAL SPRI	ANDREI RIDGE DRIV INGS, FL 33		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						,	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	KE EET ADORESS '-ST-ZIP			•		☐ Change	Addition .
12. I hereby of indicated of the corchanged.	certify that the lon this report poration or the or on an atta	e information supplied with rt or supplemental report is ne receiver or trustee empd achment with an address, v	this filing does not qualify fo tree and accurate and that r wered to execute this report it hallother like empowered	r the exemy signal as requi	mation state tyre shall ha ired by Char	ed in Se ave the s pter 607	ction 119.07(3) same legal effe , Florida Statuti	(i), Florida Statutes. I ct as if made under o es; and that my name			