

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 199000018504
 1. Entity Name
ENDPOINT COMMUNICATIONS, INC

FILED

03 JUN 10 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6187 NW 167 AVE</u> Suite, Apt. #, etc. <u>1F-27</u> City & State <u>MIAMI FL</u>	3. Mailing Address <u>SAMB</u> Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0975114</u>	Applied For Not Applicable
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Zip <u>33015</u>	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Robert Rabayna</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>231 NW 190 AVE</u>	
City <u>Pembroke Pines</u>	FL Zip Code <u>33029</u>

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.

SIGNATURE: [Signature] DATE: 6/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President/Secretary Robert Rabayna 231 NW 190 Ave Pembroke Pines FL 33029</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VP Sondra Lavo 6187 NW 167 Ave MIAMI FL 33015</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>06/11/03--01002--005 **70.00</u>
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13. 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] DATE: 6/5/07 DAYTIME PHONE #: 305-362-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)