

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90223 042 ***150.00

DOCUMENT # V18495

1. Entity Name
POINTS WEST PLAZA, INC.



Principal Place of Business
1601 BELVEDERE RD
SUITE 4075 SOUTH
W PALM BEACH, FL 33406 US

Mailing Address
1601 BELVEDERE RD
SUITE 4075
W PALM BEACH, FL 33406 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0324150

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

MAPES, PAUL
1601 BELVEDERE ROAD, STE 407 SOUTH
STE 407 SOUTH
WEST PALM BEACH, FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME MEYER, ARTHUR I
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407-S
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MEYER, SYDELLE
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407-S
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE Director ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MEYER, WILLIAM
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407-S
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE Director ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV ☐ Delete
NAME ASAREH, GAIL
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407-S
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE Director ☐ Change ☒ Addition
NAME ASAREH, GAIL
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 561/689-6601
Date Daytime Phone #