


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90107 045 \*\*\*150.00

**DOCUMENT # P03000079125**

1. Entity Name  
**POINTE GROUP MANAGEMENT, INC.**



Principal Place of Business      Mailing Address

**8211 W. BROWARD BLVD  
 SUITE PH-2  
 PLANTATION, FL 33324**      **8211 W. BROWARD BLVD  
 SUITE PH-2  
 PLANTATION, FL 33324**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02222008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-009891**       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	
<b>GARDNER, PETER C                      8211 W. BROWARD BLVD                      SUITE PH-2                      PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	P/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARDNER, PETER C			NAME			
STREET ADDRESS	8211 W BROWARD BLVD SUITE PH-2			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZGERALD, LUCETTE L			NAME			
STREET ADDRESS	8211 W BROWARD BLVD SUITE PH-2			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, ALFRED			NAME			
STREET ADDRESS	8211 W. BROWARD BLVD PH-2			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRISCOLL, WILLIAM L			NAME			
STREET ADDRESS	8211 W. BROWARD BLVD. PH2			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** *Lucette L Fitzgerald*      **Lucette L Fitzgerald**      **4-16-08**      **7547279335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #