

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079125

Entity Name: POINTE GROUP MANAGEMENT, INC.

Current Principal Place of Business:

13762 W. STATE ROAD 84
SUITE #615
DAVIE, FL 33325

Current Mailing Address:

13762 W. STATE ROAD 84
SUITE #615
DAVIE, FL 33325 US

FEI Number: 20-0099891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARDNER, PETER C
P. O. BOX 33-1850
MIAMI, FL 33233-1850 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|--------------------------------------|-----------------|-----------------------|
| Title | P/D | Title | ST |
| Name | GARDNER, PETER C | Name | FITZGERALD, LUCETTE L |
| Address | P. O.BOX 33-1850 | Address | P. O. BOX 33-1850 |
| City-State-Zip: | MIAMI FL 33233-1850 | City-State-Zip: | MIAMI FL 33233-1850 |
| | | | |
| Title | D | Title | DV |
| Name | HAMILTON, ALFRED | Name | DRISCOLL, WILLIAM L |
| Address | 13762 W. STATE ROAD 84 SUITE #615 | Address | P. O. BOX 33-1850 |
| City-State-Zip: | DAVIE FL 33325 | City-State-Zip: | MIAMI FL 33233-1850 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER C. GARDNER

PRESIDENT

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date