

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000004649

Entity Name: POINT BLANK ENTERPRISES, INC.**Current Principal Place of Business:**2102 SW 2ND STREET
POMPANO BEACH, FL 33069**Current Mailing Address:**2102 SW 2ND STREET
POMPANO BEACH, FL 33069 US**FEI Number:** 45-3646868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 CEO, DIRECTOR
Name GASTON, DANIEL
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name WHITE, SAM
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title CFO
Name HABIBE, IVAN
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name LEVY, PAUL
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name RODRIGUEZ, FRANK
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name HAMMOND, KEVIN
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name VAN SPAENDONCK, GERARD
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name SANGHAI, JITEN
Address 2102 SW 2ND STREET
City-State-Zip: POMPANO BEACH FL 33069

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: IVAN HABIBE (PA)**CFO****11/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date