
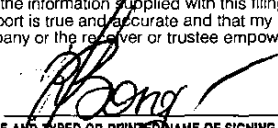


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90122 008 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                                                                                                                                              |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000009309</b><br>1. Entity Name<br><b>POWER &amp; GO, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                             |                                                                                                                                                                             |
| Principal Place of Business<br><del>7925 NW 12TH ST., #310</del><br><del>MIAMI, FL 33126</del>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | Mailing Address<br><del>7925 NW 12TH ST., #310</del><br><del>MIAMI, FL 33126</del>                                                                                                                                           |                                                                                                                                                                             |
| 2. Principal Place of Business<br><b>19999 E. Country Club Drive</b><br>Suite, Apt. #, etc.<br><b>Bldg. 1 Apt # 601</b><br>City & State<br><b>Aventura, FL</b><br>Zip<br><b>33180</b> Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                   |                                                                                          | 3. Mailing Address<br><b>19999 E. Country Club Drive</b><br>Suite, Apt. #, etc.<br><b>Bldg. 1 Apt # 601</b><br>City & State<br><b>Aventura, FL</b><br>Zip<br><b>33180</b> Country<br><b>USA</b>                              |                                                                                                                                                                             |
| 4. FEI Number<br><b>41-2088465</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                   |                                                                                                                                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                        |                                                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br><b>BORGER, REGINA</b><br><del>7925 NW 12TH STREET, SUITE 310</del><br><del>MIAMI, FL 33126</del>                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>19999 E. Country Club Drive</b><br><b>Bldg. 1 Apt. #601</b><br>City <b>Aventura</b> FL Zip Code <b>33180</b> |                                                                                                                                                                             |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                           |                                                                                                                                                                             |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | 10. ADDITIONS/CHANGES                                                                                                                                                                                                        |                                                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>BORGER, REGINA<br><del>7925 NW 12TH ST. #310</del><br><del>MIAMI, FL 33126</del> | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>19999 E. Country Club Drive</b><br><b>Bldg. 1 Apt. #601</b><br><b>Aventura, FL 33180</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>BORGER, LILLI<br><del>7925 NW 12TH ST. #310</del><br><del>MIAMI, FL 33126</del>  | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>19999 E. Country Club Drive</b><br><b>Bldg. 1 Apt. #601</b><br><b>Aventura, FL 33180</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                          |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          | <b>Regina Borger</b> 4/28/04 786-355-0545                                                                                                                                                                                    |                                                                                                                                                                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | Date Daytime Phone #                                                                                                                                                                                                         |                                                                                                                                                                             |