
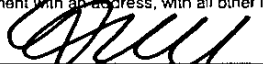


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90390 017 ***150.00

DOCUMENT # P01000032171					
1. Entity Name PALM BEACH POWER CORP.					
Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401 US			Mailing Address ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1100606	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RECIO, ALBERTO S	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	DEV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSON, DONALD W	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TABERNILLA, ARMANDO A	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	EV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, LUIS J	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOMQUIST, ERIK J	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, OSCAR R	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
12. 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 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: 		Armando A. Tabernilla, VP		2/15/05 561-655-6303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



02102005 Chg-P CR2E034 (10/03)

Applied For Not Applicable


5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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	
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SIGNATURE:  Armando A. Tabernilla, VP 2/15/05 561-655-6303

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

(CONTINUED)

ATTACHMENT

40062134

ATTACHMENT TO 2005 ANNUAL REPORT DOCUMENT #P01000032171 <small>1. Corporation Name</small> PALM BEACH POWER CORP.
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1 - CONTINUED		ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS
TITLE NAME ✓ STREET ADDRESS ✓ CITY-ST-ZIP	V/AS Ross, Daniel D., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS ✓ CITY-ST-ZIP	V Ryan, IV, Allan A. One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS ✓ CITY-ST-ZIP	V/AS William F. Tarr One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS ✓ CITY-ST-ZIP	V Rionda, Carlos S.. One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition