

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 045 ***158.75

DOCUMENT # P010000047942
1. Entity Name
Power Design & Graphics Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2113 Johnson St.

3. Mailing Address
2113 Johnson Street

Suite, Apt. #, etc.
SUITE 129

Suite, Apt. #, etc.
SUITE 129

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-1099150

Applied For
Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ernesto Wartenberg

Street Address (P.O. Box Number is Not Acceptable)
2113 Johnson Street

SUITE 129

City
Pembroke Pines

FL

Zip Code
33029

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / TREASURER ERNESTO CALVO 13499 BISCAYNE BLVD, #606 MIAMI, FL, 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary MARIA LUZ JERGARA 13499 BISCAYNE BLVD, #606 MIAMI, FL, 33181
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 recipient of business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all duties like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2002 (954) 392-7755

Date

Daytime Phone #

CR2E034B (12/01)