

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90125 023 ***150.00

0310639 AV

DOCUMENT # M44010



1. Entity Name
1360 POWER, INC.

Principal Place of Business
**11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181**

Mailing Address
**11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2760248**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

**AUGUST, GUS
11601 BISCAYNE BLVD., SUITE 200C
N. MIAMI FL 33181**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE	VSDM	<input type="checkbox"/> Delete
NAME	AUGUST, GUS	
STREET ADDRESS	11601 BISCAYNE BLVD., SUITE 200C	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	
NAME	BAUM, TRACI	
STREET ADDRESS	1509 MCFARLANE RD	
CITY-ST-ZIP	COLVILLE WA 99114	
TITLE	P	<input type="checkbox"/> Delete
NAME	AUGUST, BRUCE	
STREET ADDRESS	11601 BISCAYNE BLVD., STE. 200C	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUGUST, LOUISE	
STREET ADDRESS	11601 BISCAYNE BLVD., STE. 200C	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CELIA	
STREET ADDRESS	HC 52, BOX 8517	
CITY-ST-ZIP	BIRDCREEK AK 99540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **3-16-03** **305-899-8086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)