

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002807

Entity Name: POWER ACCESS, INC.**Current Principal Place of Business:**1616 MICHIGAN AVE
UNIT#1
MIAMI BEACH, FL 33139**Current Mailing Address:**1616 MICHIGAN AVE
UNIT#1
MIAMI BEACH, FL 33139**FEI Number:** 27-3497929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEW, DAVID
1616 MICHIGAN AVE
UNIT#1
MIAMI BEACH, FL 33139 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 PRESIDENT
Name NEW, DAVID
Address 1616 MICHIGAN AVE UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name VELASCO, CECILIA
Address 9111 EAST BAY HARBOR DRIVE
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title TREASURER
Name GROSS, SAUL
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER
Name ARCE, ENRIQUE
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER
Name FEENY, PATRICK
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER
Name LATINO-VAN SPLUNTEREN, LETICIA
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER
Name AYERS, ARMANI
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title OFFICER
Name COHEN, SABRINA
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLISON SALKMAN**SECRETARY****05/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name WILLIAMS, HENRY
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY
Name SALKMAN, ALLISON
Address 1616 MICHIGAN AVE
 UNIT#1
City-State-Zip: MIAMI BEACH FL 33139