

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057699

Entity Name: POWER TALENT NETWORK, INC.**Current Principal Place of Business:**5491 SE SCHOONER OAKS WAY
STUART, FL 34997**Current Mailing Address:**5491 SE SCHOONER OAKS WAY
STUART, FL 34997**FEI Number:** 55-0833101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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	DIRECTOR
Name	MEE, RITA
Address	5491 SE SCHOONER OAKS WAY
City-State-Zip:	STUART FL 34997

Title	DIRECTOR SECRETARY TREASURER
Name	MEE, JOHN L
Address	5491 SE SCHOONER OAKS WAY
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	MEE, WILLIAM W
Address	450 N. FEDERAL HWY. SUITE 903N
City-State-Zip:	BOYNTON BEACH FL 33485

Title	DIRECTOR
Name	SCHACHTER, WILLIAM D
Address	411 N. NEW RIVER DRIVE E. #3403
City-State-Zip:	FT. LAUDERDALE FL 33301

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

SIGNATURE: JOHN L. MEE**PRESIDENT****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date