

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90395 048 ***150.00

DOCUMENT # 494520

1. Entity Name

POWER ENGINEERING COMPANY



Principal Place of Business

**16601 NW 8TH AVE.
MIAMI FL 33169
US**

Mailing Address

**16601 NW 8TH AVE.
MIAMI FL 33169
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1662343

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOPETTA, JOHN R	
STREET ADDRESS	16601 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOPETTA, JOHN N	
STREET ADDRESS	16601 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOPETTA, GEORGE M	
STREET ADDRESS	16601 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CARLOS E	
STREET ADDRESS	16601 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARLENE	
STREET ADDRESS	16601 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

(305) 620-7778

Daytime Phone #