


**2005.FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90016 016 \*\*\*150.00

<b>DOCUMENT # 669273</b> 1. Entity Name POWER & LIGHTING SYSTEMS, INC.	
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Principal Place of Business 3832 SHIPPING AVE MIAMI, FL 33146	Mailing Address 3832 SHIPPING AVE MIAMI, FL 33146
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**50012035**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1994464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KOSOWSKY, HOWARD 3832 SHIPPING AVENUE MIAMI, FL 33146	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KOSOWSKY, STEPHEN 3832 SHIPPING AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOSOWSKY, MERELE 3832 SHIPPING AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTT, R. DAVID <i>Delete</i> 3832 SHIPPING AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOSOWSKY, HOWARD 3832 SHIPPING AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV O'CONNELL, BRIAN J. 3832 SHIPPING AVE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KOSOWSKY, DAVID 3832 SHIPPING AVE MIAMI, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

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:** *Merele Kosowsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/05* *305 444 8520*  
Date Daytime Phone #

*Merele Kosowsky*