## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J00543  1. Entity Name POWER CONTRACTORS, INC.			FILED
			2008 APR 21 PM 12: 35
Principal Place of Business         Mailing Address           2510 SW 128TH CT.         2510 SW 128TH CT.           MIAMI, FL 33175 US         MIAMI, FL 33175 US		US	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business - No P.O. Box # 3. Mailing Address		<del></del>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04182008 Chg-P CR2E034 (12/06)
City & State	City & State		4. FEI Number Applied For 65-0940583 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
VEGAS, NELSON 2510 S.S.W 128TH CT MIAMI, FL 33175		Street Address	(P.O. Box Number is Not Acceptable)
$\rho$	)	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 primed insmellating and take if applicable.) (NOTE: Represent Agent signature required when remaiting)  DATE			
FILE NOW!!! FEE /S \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees			
10. OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME VEGAS, NELSON STREET ADDRESS 2510 S.W. 128TH CT. CITY-ST-ZIP MIAMI, FL 33175	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	M $M$ $M$ $M$ $M$ $M$ $M$ $M$ $M$ $M$
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200124825822 Addition 04/21/0801017007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental seport 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 federiver 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 a periodic supplied by the proposers.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR			