


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90041 010 ***150.00

DOCUMENT # J72314 1. Entity Name POWER SYSTEMS RESEARCH INC.					
Principal Place of Business 551 FIFTH AVENUE SUITE 417 NEW YORK, NY 10176			Mailing Address C/O/ LOPEZ & ROMERO 551 FIFTH AVENUE, #417 NEW YORK, NY 10176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EDUARDO F. <input checked="" type="checkbox"/> Delete 551 FIFTH AVENUE NEW YORK, NY 10176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARTA E <input type="checkbox"/> Delete 551 FIFTH AVENUE NEW YORK, NY 10176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/ Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, LUIS ALFREDO <input type="checkbox"/> Delete 551 FIFTH AVENUE NEW YORK, NY 10176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, MARIO V F. <input type="checkbox"/> Delete 551 FIFTH AVENUE NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____			Luis Alfredo Ramero, D/VP 1/31/05 (212) 661-3691 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

40012441



01312005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3496353 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required