2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State
02-17-2005 90103 020 ****50.00

DOCUMENT # L02000023295

1. Entity Name
POWER PURSUIT, LLC

20011750

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE, SUITE 103 CORAL GABLES, FL 33146	1500 SAN REMO AVENUE, SUITE 103 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

02152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0643675
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BARED, PABLO R
1500 SAN REMO AVENUE, SUITE 103
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AUW-YANG, FINLYN
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 103
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	MGR
NAME	BACIU, PAULYN
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 103
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: P.Baciu Mgr. 2/16/05 3056666010112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #