

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055392

FILED
Jan 17, 2005
Secretary of State

Entity Name: POWER & CONTROL SOLUTIONS LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 51-0493909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, LUIS GERMAN
923 SW 119 COURT
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

BUSTAMANTE, LUIS GERMAN
10750 NW 66TH STREET, APT 308
MIAMI, FL 33178 US

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.

SIGNATURE:

01/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ORTIZ, NATALIA
Address: 5201 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: MGR () Delete
Name: RAMIREZ, CLAUDIA
Address: 5201 BLUE LAGOON DRIVE #901
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: BUSTAMANTE, LUIS G
Address: 5201 BLUE LAGOON DRIVE #901
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS BUSTAMANTE

PD

01/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date