2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# L05000058050

Entity Name: POWER TEAM LLC

Current Principal Place of Business:

2404 WEST OAK STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2404 WEST OAK STREET
KISSIMMEE, FL 34741

New Mailing Address:

30 WESTGATE DRIVE
APT 16
BOHEMIA, NY 11716

FEI Number: 20-2983349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TORRES, WILLIAM
Address: 2404 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR ( ) Delete
Name: ALDANA, RAQUEL
Address: 2404 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: ALDANA, RAQUEL
Address: 30 WESTGATE DRIVE
City-St-Zip: BOHEMIA, NY 11716

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAQUEL ALDANA MGR 07/16/2008

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