


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000003836</b> 1. Entity Name POWERPARAGATORS EAA ULTRALIGHT CHAPTER 125 INC	
Principal Place of Business 3020 SW 192ND AVE. MIRAMAR, FL 33029	Mailing Address 3020 SW 192ND AVE. MIRAMAR, FL 33029

**FILED**  
**Jun 13, 2008 08:00 AM**  
 Secretary of State



06022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

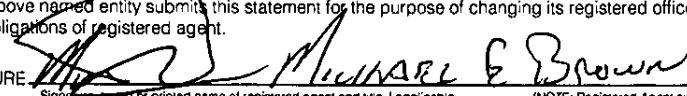
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWN, MICHAEL E  
 3020 SW 192ND AVE.  
 MIRAMAR, FL 33029

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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:  8 JUN 08

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

Filing Fee is \$61.25  
Due by September 12, 2008

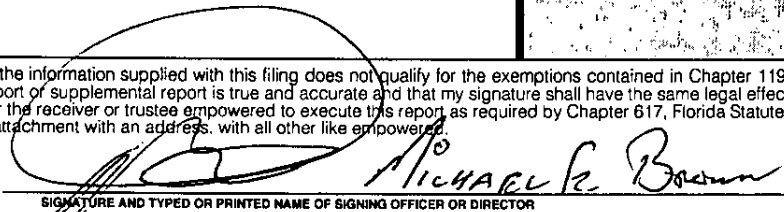
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, MICHAEL E 3020 SW 192ND AVE. MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVE, COLE 13067 NW 14TH ST PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA KAHN, OURI 354 FAIRRMONT RD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR JOE, AXINN 15120 MEADHEAVENS DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/13/08-80001-022 138.75

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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 of 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 617, 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 empowerments.

SIGNATURE:  8 JUN 08 954-450-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #