

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001169

FILED
Apr 26, 2009
Secretary of State

Entity Name: URANTE POWERHOUSE DESIGNS, INC.

Current Principal Place of Business:

3010 N.W. 96TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3010 N.W. 96TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-4339111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACKINGS, SANDRA R
1740 N.W. 109TH STREET
MIAMI, FL 33167 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, OLIVIA
Address: 3010 N.W. 96TH STREET
City-St-Zip: MIAMI, FL 33147

Title: VD () Delete
Name: COOPER, MICHAEL
Address: 1990 N.W. 183RD STREET #1
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: DAVIS-LINDSAY, DEIDRIA
Address: 2110 N.W. 204TH STREET
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: MCFARLANE, GLORIA
Address: 19301 N.W. 19TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: JONES, TERANCE
Address: 3010 N.W. 96TH STREET
City-St-Zip: MIAMI, FL 33147

Title: SD () Delete
Name: JOHNSON, PRINCETTA
Address: 1661 N.E. 1ST AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: MCFARLANE, GLORIA
Address: 1780 N.E. 191 ST BLDG C-2 #112
City-St-Zip: MIAMI, FL 33179

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA WALKER

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date