


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90027 040 \*\*\*150.00

<b>DOCUMENT # P00000013000</b> 1. Entity Name POWERTEC ELECTRICAL ENTERPRISES, INC.	
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Principal Place of Business 1034 SW 13 COURT POMPANO BEACH, FL 33069	Mailing Address 1034 SW 13 COURT POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**

40015000



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0983167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GORDILS, BEN JR 1034 SW 13 COURT POMPANO BEACH, FL 33069	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

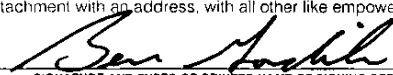
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTSD GORDILS, BEN JR 1034 SW 13 COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GORDILS, BEN SR 1217 W ROYAL PALM ROAD BOCA RATON, FL 33484
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 or 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 607, 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 empowered.

**SIGNATURE:**  **2/6/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #