

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000047428

1. Entity Name
POWERLINE CENTER, INC.



Principal Place of Business
**7700 CONGRESS AVENUE
SUITE 3100
BOCA RATON, FL 33487**

Mailing Address
**7700 CONGRESS AVENUE
SUITE 3100
BOCA RATON, FL 33487**



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0008987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELUREN, MARK S
2200 N. COMMERCE PKWY
SUITE 202
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**D
DANBURG, JAMIE A
7700 CONGRESS AVENUE -SUITE 3100
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000688701
04/11/07-80006-008 150.00

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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 other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie A. Danburg 3/19/07 561.997.5777

Date

Daytime Phone #