

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 033 ***150.00

DOCUMENT # P00660088467

1. Entity Name
Powercell, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10111ian Sredni PA</u> Suite, Apt. #, etc. <u>20900 West Dixie Hwy</u> City & State <u>N. Miami Beach, FL</u> Zip <u>33180</u> Country	3. Mailing Address <u>10111ian Sredni PA</u> Suite, Apt. #, etc. <u>20900 West Dixie Hwy</u> City & State <u>N. Miami Beach, FL</u> Zip <u>33180</u> Country
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B0058818

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4. FEI Number <u>65-1648433</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Ulian Sredni Esq</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>20900 West Dixie Highway</u>	
	City <u>N. Miami Beach</u> <u>FL</u> Zip Code <u>33180</u>	

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President/Director</u> <u>Salomon Alalu</u> <u>10111ian Sredni PA</u> <u>N. Miami Beach, FL 33180</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Salomon Alalu SAL ALALU 3/26/02 305-898-5400

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

CR2E034B (12/01)