FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90168 045 ***158.75

DOCUMENT # P01000047942

1. Entity Name
Power Design & Graphics Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21113 Johnson St.	21113 Johnson Street
Suite, Apt. #, etc. SUITE 129	Suite, Apt. #, etc. SUITE 129
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33029 Country USA	Zip 33029 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099150 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ernesto Wartenberg
Street Address (P.O. Box Number is Not Acceptable): 21113 Johnson Street
Suite 129
City: Pembroke Pines FL Zip Code: 33029

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / TREASURER
NAME	Ernesto Calvo
STREET ADDRESS	13499 Biscayne Blvd, #606
CITY-ST-ZIP	Miami, FL 33181
TITLE	Vice President / Secretary
NAME	Maria Luz Vergara
STREET ADDRESS	13499 Biscayne Blvd, #606
CITY-ST-ZIP	Miami, FL 33181
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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: _____ APR 26 02 (954) 392-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #