

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021516

Entity Name: POWELL PARTNERS, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

2665 S. BAYSHORE DR., STE. 800
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR., STE. 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 04-3607479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERASHMAN, DAVID
2665 S BAYSHORE DR
STE 800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GERSHMAN, DAVID
2665 S BAYSHORE DR
STE 800
MIAMI, FL 33133 US

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: DAVID GERSHMAN

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: POWELL, EARL W
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: POWELL, CHRISTY
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

Title: VS () Delete
Name: BAKER, LINDA
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

Title: VT () Delete
Name: KATSIKAS, DANIEL J
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

Title: AS () Delete
Name: CALLEJAS, MARIA
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

Title: AS () Delete
Name: KUFFER, MARILYN
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

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: T (X) Change () Addition
Name: FERNANDEZ, JORGE
Address: 2665 S BAYSHORE DR, STE 800
City-St-Zip: MIAMI, FL 33133

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D KUFFNER

AS

04/15/2005

Electronic Signature of Signing Officer or Director

Date