FILED May 13, 2003 8:00 am Secretary of State 05-13-2003 90056 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000021516

1. Entity Name



POWELL PARTNERS, INC.			E SE					
Principal Place of Business 2665 S. BAYSHORE DR.: STE. 800 MIAMI FL 33133 MIAMI FL 33133 MIAMI FL 33133		STE. 800		de manual de la constant de la const			11 010 3 011 1 00 1	
Principal Place of Business 3. Mailing Address					 		HALL CHI TO A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ снеск н	ERE IF MAKING	CHANGES		
City & State		City & State		4. FEI Number 3607	179		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desir		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of N	ew Registered A	gent	
	AS, MARIA C			Vame DAO Street Address (F	D GERSKM SBOX Number is Not Accept SBOXTH BAYST	AUU (able)	STA	
2665 S.	BAYSHORE DR., STE. 800			2665	SOUTH BINYSI	iore on	· 246	<u> </u>
MIAMI FL	L 33133				,			
				Dity MI AT	V I	FL	Zip Code	3133
	named entity submits this statement fo	r the propose of changing its r	egistered c	office or registere	ed agent, or both, in the State	of Florida. I am fa	amiliar with,	and accept
the obligat	tions of registered agent.	·//				lal.	-	
SIGNATURE .	1/hul//1	<u> </u>		<u> </u>	<u></u>	5/8/0	<u> </u>	
	Signature, typed or brinted name of registered agent	and title if applicable, (NOTE:	Registered Age	ent signature required	when reinstating)	/ BATE		
F	ILE NOW!!! FEE IS \$150.00	J			9. Election Campaig	io Einancina	¢5.0	0 мау Ве
After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State			Trust Fund Contril			to Fees
After			11.		Trust Fund Contril	bution. \square	Added	to Fees
After Make Check	k Payable to Florida Department of	DIRECTORS	11.			OFFICERS AND	Added	to Fees
After Make Check 10.	OFFICERS AND DIRECTOR PRESULFI	DIRECTORS Delete	4		Trust Fund Contril	OFFICERS AND	Added	to Fees
After Make Check 10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTOR PRESIDENT EARL W. POWELL 2665 SO BAYShore	DIRECTORS	TITLE NAME STREET AL	l l	Trust Fund Contril	OFFICERS AND	Added	to Fees
After Make Check 10. TITLE NAME	OFFICERS AND DIRECTOR PRESULFI	DIRECTORS Delete 33	TITLE NAME	l l	Trust Fund Contril	OFFICERS AND	Added	to Fees
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTOR PRESIDENT SON BAYS LONG DIRECTOR PRESIDENT EARL W. POWER JUBS SO BAYS LONG MIAMI FL 3313 DIRECTOR	DIRECTORS Delete 33	TITLE NAME STREET AG CITY-ST-	l l	Trust Fund Contril	OFFICERS AND	Added	to Fees
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTOR PRESIDENT SON BAYS LONG DIRECTOR PRESIDENT EARL W. POWER JUBS SO BAYS LONG MIAMI FL 3313 DIRECTOR	DIRECTORS Delete 33	TITLE NAME STREET AG CITY-ST- TITLE NAME	ZIP	Trust Fund Contril	OFFICERS AND	Added	to Fees BIN 11 Addition
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTOR PRESIDENT SOND PRECTOR PRESIDENT POWER DIRECTOR BY Shore MIAMI FL 3313 DIRECTOR CHRISTY POWER SOND BAYSHOW	DIRECTORS Delete 33 Delete Delete Delete	TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL	DDRESS	Trust Fund Contril	OFFICERS AND	Added	to Fees BIN 11 Addition
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PRESIDENT SON BAYS LONG DIRECTOR PRESIDENT EARL W. POWER JUBS SO BAYS LONG MIAMI FL 3313 DIRECTOR	DIRECTORS Delete BY., She 800 BOOM Delete Delete Delete Delete Delete Delete	TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-	DDRESS	Trust Fund Contril	OFFICERS AND	Added DIRECTORS Change Change	to Fees SIN 11 Addition Addition
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DIRECTOR PRESIDENT LAND POWELL JUBS SO BAYSHOR CHRISTY FOULL A665 SO BAYSHO CHRISTY FOULL A665 SO BAYSHO A665 SO BAYSHO A14M1 FL 331	DIRECTORS Delete 2 4., She 800 33 Delete ACDI., She 800 33	TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL	DDRESS	Trust Fund Contril	OFFICERS AND	Added	to Fees BIN 11 Addition
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	DIRECTOR/PRES//FI EMPL W. POWELL 2665 SO BAYSHOW CHRISTY POWELL 2665 SO BAYSHOW MIAMI FL 3313 DIRECTOR CHRISTY POWELL 2665 SO BAYSHOW MIAMI FL 331	DIRECTORS Delete By., She 800 33 Delete Delete Delete Delete Delete Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE	DDRESS ZIP	Trust Fund Contril	OFFICERS AND	Added DIRECTORS Change Change	to Fees SIN 11 Addition Addition
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After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DIRECTOR PRESIDENT EARL W. POWELL JUGS SO BAYSHORE CHRISTY POWELL 3665 SO BAYSHORE CHRISTY POWELL 3665 SO BAYSHORE MIAMI FL 331 DIRECTOR CHRISTY POWELL 3665 SO BAYSHORE MIAMI FL 331 VIS LINDA BAKER LINDA BAKER JUGS SO BAYSHORE MIAMI FL 33 VIT DANIEL J. KAYSIKAS JUGS SO BAYSHORE JUGS SO BAYSHORE	DIRECTORS Delete 33 Delete 40., She 800 33 Delete 40., She 800 133 Delete 133	TITLE NAME STREET AL CITY-ST-	DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust Fund Contril	OFFICERS AND	Added DIRECTORS Change Change Change	to Fees S IN 11 Addition Addition Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an other like empowered.

SIGNATURE: