
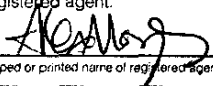



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90259 042 \*\*\*150.00

<b>DOCUMENT # P02000032828</b> 1. Entity Name <b>POWER REALTY GROUP, INC.</b>					
Principal Place of Business <b>4651-SHERIDAN STREET SUITE 270 HOLLYWOOD, FL 33021</b>			Mailing Address <b>4651 SHERIDAN STREET SUITE 270 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business <b>2131 Hollywood Blvd</b> Suite, Apt. #, etc. <b>Suite 307</b> City & State <b>Hollywood, FL 33020</b> Zip <b>33020</b>		3. Mailing Address <b>2131 Hollywood Blvd</b> Suite, Apt. #, etc. <b>Suite 307</b> City & State <b>Hollywood, FL 33020</b> Zip <b>33020</b>		4. FEI Number <b>02-0592139</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Broward</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOYER, ALEX 4651 SHERIDAN STREET SUITE 270 HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name <b>Alex Moyer</b> Street Address (P.O. Box Number is Not Acceptable) <b>17326 NW 61st Pl</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33015</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOYER, ALEX</b> <b>17326 NW 61 PLACE</b> <b>MIAMI, FL 33015</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 address, with all other like empowered.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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