2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM Secretary of State

Fee Required

DOC	LIN	JENT	. #	P03000062097
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1. Entity Name

THE POWER GROUP ADVERTISING & MARKETING, INC.



Principal Place of Business

Mailing Address

11401 SW 40TH ST. SUITE 303 MIAMI, FL 33165 11401 SW 40TH ST. SUITE 303 MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON, SILVIO 14355 SW 110 TERR. MIAMI, FL, FL 33186

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE			
8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept	
Signature. typed or printed name of registered agent and title	alf applicable (NOTE, Registered	Agent signatur	(equired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE IITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS		DO	000000615709 02/06/07-80081-024 158.75 NOT WRITE	
TITLE NAME STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			IN T	THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 applicas, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PRESIDENT

123/07 305-225-

Daytime Phone #