## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000103489** 05-12-2004 90209 002 \*\*\*150.00 POWER SURGE ENTERTAINMENT, INC. Principal Place of Business Mailing Address 17345 SW 31 COURT 17345 SW 31 COURT MIRAMAR, FL 33029 MIRAMAR, FL 33029 US 2. Principal Place of Business 3. Mailing Address 151 MIKAMA 6151 MIRAMAR 01262004 CR2E034 (10/03) Cha-P 4. FEI Number L Applied For 20-024578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name RAGLAND, DANIEL JR. Street Address (P.O. Box Number is Not Acceptable) 17345 SW 31 COURT MIRAMAR, FL 33029 Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete MLE ☐ Change RAGLAND, DANIEL JR. NAME NAME 17345 SW 31ST COURT STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP MIRAMAR, FL 33029 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition ITTLE SMITH, PHILLIP A NAME NAME 2112 NW 56TH AVENUE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change - Addition-TITLE SUAREZ, PABLO NAME MASAF **7533 MUTINY AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME BUTLER, ERIC L NAME STREET ADDRESS 1518-R NW 45TH STREET STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP 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. SIGNATURE:

ER OR DIRECTOR

NTED HAL

**FILED** 

Daytime Phone #