

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000113390	
1. Entity Name ENERGY AND POWER MANAGEMENT, INC.	



Principal Place of Business ALFRED I. DUPONT BLDG 169 EAST FLAGLER STREET SUITE 111B MIAMI, FL 33131	Mailing Address ALFRED I. DUPONT BLDG 169 EAST FLAGLER STREET SUITE 111B MIAMI, FL 33131
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0308368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146	
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BRAKHA, JOSEPH 177 OCEAN LANE DRIVE STE 102 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRAKHA, JOEL 177 OCEAN LANE DRIVE STE 102 KEY BISCAVNE, FL 33149
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #