## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000031583

Entity Name: POWERLINE #30091, INC.

FILED May 15, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

10067 PINES BLVD. 1650 NW 87 AVENUE SUITE A MIAMI, FL 33172 PEMBROKE PINES, FL 33024

**New Mailing Address: Current Mailing Address:** 

10067 PINES BLVD. 1650 NW 87 AVENUE SUITE A MIAMI, FL 33172 PEMBROKE PINES, FL 33024

FEI Number: 86-1102874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMIREZ, FREDERICK RAMIREZ, FREDERICK 10067 PINES BOULEVARD 1650 NW 87 AVENUE SUITE A MIAMI, FL 33172 PEMBROKE PINES, FL 3304 US

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.

SIGNATURE: 05/15/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

() Delete Title: (X) Change ( ) Addition

ALAVAREZ, MAXIMO ALAVAREZ, MAXIMO Name: Name: 1650 NW 87 AVENUE 8675 NW 53 ST, STE 109 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33172

( ) Delete Title: SEC Title: (X) Change ( ) Addition REUS, SANDRA M Name: Name: REUS, SANDRA M 8675 NW 53 ST, STE 109 Address: 1650 NW 87 AVENUE Address: MIAMI, FL 33166 MIAMI, FL 33172 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MAXIMO ALVAREZ 05/15/2008