

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90151 037 \*\*\*150.00

66018577



**DOCUMENT # P04000051872**

1. Entity Name  
THE POWER OF TOUCH ENTERPRISE, INC.



Principal Place of Business  
671 SW 29TH TERR  
FT LAUDERDALE, FL 33312

Mailing Address  
671 SW 29TH TERR  
FT LAUDERDALE, FL 33312

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number  
02-0719111

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ORLANDO-PRATT, DOLLY M 671 SW 29TH TERR FT LAUDERDALE, FL 33312		Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORLANDO-PRATT, DOLLY M			NAME			
STREET ADDRESS	671 SW 29TH TERR			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33312			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, FAYSSANYA G			NAME			
STREET ADDRESS	671 SW 29TH TERR			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33312			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, KHARTONIA G			NAME			
STREET ADDRESS	671 SW 29TH TERR			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33312			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, MEWZAM G			NAME			
STREET ADDRESS	671 SW 29TH TERR			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33312			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

Daytime Phone #