

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90469 037 \*\*\*150.00

DOCUMENT # P04000062173

1. Entity Name  
POWER PROJECT, INC.



Principal Place of Business  
900 W. SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33311

Mailing Address  
900 W. SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33311

40012003



2. Principal Place of Business

3. Mailing Address

1860 N Pine Island #113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005

Chg-P

CR2E034 (10/03)

City & State

City & State

Plantation, FL

4. FEI Number

20-0990494

Applied For

Not Applicable

Zip

Country

Zip

33322

Country

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

GREENE, ERIC  
900 W. SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33311

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 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Pres  
hscwax  
1860 N. Pine Island RD #113  
Plantation, FL 33322

☐ Delete

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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: X hscwax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hscwax 4/27/05

Date

Daytime Phone #