

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099380

FILED
Sep 16, 2008
Secretary of State

Entity Name: POWER REAL ESTATE GROUP INC

Current Principal Place of Business:

11488 QUAIL ROOST DR.
MIAMI, FL 33157 US

New Principal Place of Business:

114 PONCE DE LEON BLVD
A
CORAL GABLES, FL 33135 US

Current Mailing Address:

11488 QUAIL ROOST DR.
MIAMI, FL 33157 US

New Mailing Address:

114 PONCE DE LEON BLVD
A
CORAL GABLES, FL 33135 US

FEI Number: 56-2536071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, FRANK
3473 SW 8TH ST
MIAMI,, FL 33135 US

Name and Address of New Registered Agent:

COMAS, VILMA
837 GREENLEAF CIR
VERO BEACH, FL 32960 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: COMAS VILMA

09/16/2008

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: D () Delete
Name: RODRIQUEZ, FRANK
Address: 11488 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157 US

Title: PTS () Delete
Name: UNDERWOOD, BARBARA F
Address: 11488 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COMAS, VILMA
Address: 114 PONCE DE LEON BLVD., SUITE A
City-St-Zip: CORAL GABLES, FL 33135 US

Title: PTS (X) Change () Addition
Name: CORDOVA, MAYDA
Address: 114 PONCE DE LEON BLVD. SUITE A
City-St-Zip: CORAL GABLES, FL 33135 US

Title: MGR () Change (X) Addition
Name: FALCON, BARBARA
Address: 114 PONCE DE LEON BLVD. SUITE A
City-St-Zip: CORAL GABLES, FL 33135 US

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.

SIGNATURE: BARBARA FALCON

MGR

09/16/2008

Electronic Signature of Signing Officer or Director

Date