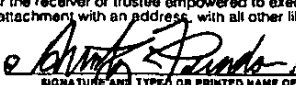


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-02-2005 90506 026 ***150.00
06-17-2005 90001 033 *****8.75

DOCUMENT # P04000131297			
1. Entity Name POWER WIDE ELECTRICAL, CORP.			
Principal Place of Business 13876 SW 56TH STREET SUITE 439 MIAMI, FL 33175		Mailing Address 13876 SW 56TH STREET SUITE 439 MIAMI, FL 33175	
2. Principal Place of Business 13876 SW 56th 439		3. Mailing Address Same	
Suite, Apt. #, etc. 439		Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip 33175	Country	Zip	Country
6. Name and Address of Current Registered Agent FUNDORA, ANTHONY 13876 SW 56TH STREET SUITE 439 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: ANTHONY FUNDORA Street Address (P.O. Box Number is Not Acceptable): 13447 SW 56th City: Miami FL Zip Code: 33183	
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: _____			
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 NAME STREET ADDRESS CITY - ST - ZIP	D FUNDORA, ANTHONY 13876 SW 56TH STREET SUITE 439 MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date: 4/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	