

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90103 028 ***150.00

DOCUMENT # P04000132911					
1. Entity Name NEW LOOK POWER CORPORATION					
Principal Place of Business 17462 S.W. 21 CT. MIRAMAR, FL 33029			Mailing Address 17462 S.W. 21 CT. MIRAMAR, FL 33029		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0524654	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVAS, LINO 17462 S.W. 21 CT. MIRAMAR, FL 33029			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 RIVAS, LINO 17462 S.W. 21 CT. MIRAMAR, FL 33029		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fee empowered.					
SIGNATURE: <i>[Signature]</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 6/29/04 Daytime Phone: 954-559-3380					

66041000



04252005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

FL Zip Code

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

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04 954-559-3380
Date Daytime Phone