2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064742

Entity Name: POWER WORLD IMP-EXP CORP

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
7025 NW	52ND STREET	Г		
SUITE 20 MIAMI, FL				
,				
Current N	Mailing Addres	SS:	New Mailing Address	s:
	52ND STREET	Г		
SUITE 20 MIAMI, FL				
,	r: 20-2785659	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of (Current Registered Agent:	Name and Address o	of New Registered Agent:
MIAMI, FL The above			purpose of changing its registere	d office or registered agent, or both,
SIGNATU	JRE:			
	Electron	nic Signature of Registered Ag		
		lic Signature of Registered Ag	jent	Date
Election Ca	ampaign Financin	nc Signature of Registered Ag g Trust Fund Contribution ().	ent	Date
	ampaign Financin	g Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address:	RS AND DIRECT DVT (MANZANO, ALI 662 NW 170TH	g Trust Fund Contribution (). TORS:) Delete BERTO S I TERRACE		
	RS AND DIRECT (MANZANO, ALI 662 NW 170TH MIAMI, FL 330	g Trust Fund Contribution (). TORS:) Delete BERTO S I TERRACE 128 US) Delete 0 0 STREET	ADDITIONS/CHANGI Title: Name: Address:	ES TO OFFICERS AND DIRECTOR:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	PS (VITALE, MAUR CALLE 200 ED	g Trust Fund Contribution (). TORS:) Delete BERTO S ITERRACE 28 US) Delete)) STREET 664846 US) Delete IZIO IF. VIT-MART, QUINTA CRESPO-	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS () Change () Addition

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: GUIDO VITALE PRES 02/28/2009