

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000069127

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: POWER PROFESSIONAL SERVICES, CORP.

## Current Principal Place of Business:

311 SW COCONUT KEY WAY  
PORT ST. LUCIE, FL 34986 US

## New Principal Place of Business:

1689 SW MORELIA LANE  
PORT ST. LUCIE, FL 34953 US

## Current Mailing Address:

311 SW COCONUT KEY WAY  
PORT ST. LUCIE, FL 34986 US

## New Mailing Address:

1689 SW MORELIA LANE  
PORT ST. LUCIE, FL 34953 US

FEI Number: 20-2833100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPLACE, CORP.  
2721S US 1 SUITE # 9  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

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: CLAUDIO RIBEIRO

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: PD ( ) Delete  
Name: BRITO, NINA E  
Address: 311 SW COCONUT KEY WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: VPD ( ) Delete  
Name: CORDEIRO, DOUGLAS G  
Address: 311 SW COCONUT KEY WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BRITO, NINA E  
Address: 1689 SW MORELIA LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VPD (X) Change ( ) Addition  
Name: CORDEIRO, DOUGLAS G  
Address: 1689 SW MORELIA LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NINA E. BRITO

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date