2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P06000115868** 1. Entity Name POWER OF THE ROAD, CORP Principal Place of Business Mailing Address 3931 E. 10 AVE 3931 E. 10 AVE HIALEAH, FL 33013 HIALEAH, FL 33013 CR2E034 (11/05) No Chg-P 04222008 DO NOT WRITE IN THIS SPACE Applied For 20-5470354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HELGUERA, IHOSVANIS 3931 E. 10 AVE HIALEAH, FL 33013 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HELGUERA, IHOSVANIS NAME STREET ADDRESS 3931 E. 10 AVE CITY-ST-ZIP HIALEAH, FL 33013 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED OR STANTED NAME OF SIGNING OFFICER OR DIRECT

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