## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90032 033 \*\*\*158.75 **DOCUMENT #P07000027204** 1. Entity Name POWERCORP ELECTRICAL SERVICES, INC. KN024634 Principal Place of Business Mailing Address **2645 EXECUTIVE PARK DRIVE** 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State Not Applicable Zip Ζip Country \$8.75 Additional Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GELLER, JOSEPH 2411 HOLLYWOOD BLVD Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33020 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. Signature, typed or printed game of registered eigent and title dispolicable DATE (NOTE: Recestered Agent sponthire required when renetation) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ITILE Delete TITLE Change Addition NAME GARBARINO, ANTHONY NAME 2645 EXECUTIVE PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP TITLE ☐ Delete 1M F ☐ Change ■ Addition 2 % GARBARINO, HILLARY NAME NAME 2645 EXECUTIVE PARK DRIVE STREET ADDRESS STREET ADDRESS WESTON, FL 33331 CITY-ST-ZIP CATY-ST-ZIP MLE ☐ Delete IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ПТЕ Delete IIII E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE IIILE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 addiress, with all other like empowered.

FILED