


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P07000084063

1. Entity Name
POWER MEDIA, INC.



FILED
11 JUN -6 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
15100 SW 130 ST

3. Mailing Address
15100 SW 130 ST

Suite, Apt. #, etc.
#13

CR2E034B (1/11)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33196

Country
USA

Zip
33196

Country
USA

4. FEI Number
20-0747532

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
ADRIAN GAMEZ

Street Address (P.O. Box Numbers Not Acceptable)
15100 SW 130 ST #13

City
MIAMI

State
FL

Zip Code
33196

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

DATE
6/2/11

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$650.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

E-mail Address:
adrianoamezpadroni.com

E-mail address to be used for future annual report notices.

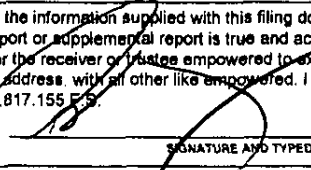
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adrian Gamez 15100 SW 130 ST #13 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/11--01004--019 **150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 6.817.155 F.S.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADRIAN GAMEZ

DATE: **6/2/11**

Daytime Phone #: **7802522019**