

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067877

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: POWER CONSULTING AND TRAINING, INC.

## Current Principal Place of Business:

20335 WEST COUNTRY CLUB DRIVE  
# 303  
AVENTURA, FL 33180

## New Principal Place of Business:

5201 BLUE LAGOON DRIVE 8TH FLOOR  
# 884  
MIAMI, FL 33126

## Current Mailing Address:

20335 WEST COUNTRY CLUB DRIVE  
# 303  
AVENTURA, FL 33180

## New Mailing Address:

5201 BLUE LAGOON DRIVE 8TH FLOOR  
# 884  
MIAMI, FL 33126

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URBINA, GUILLERMO R SR.  
2544 SW 164TH AVE  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

SCHIAFFINO, LUZ A MS  
20335 WEST COUNTRY CLUB DRIVE  
303  
AVENTURA, FL 33180 US

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: LUZ SCHIAFFINO

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHIAFFINO, LUZ A  
Address: 20335 WEST COUNTRY CLUB DRIVE # 303  
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Delete  
Name: GOODMAN, SCOTT  
Address: 845 NW 156 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S (X) Delete  
Name: URBINA, GUILLERMO R  
Address: 2544 SW 164TH AVE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUZ SCHIAFFINO

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date