

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 048 ***150.00

DOCUMENT # P95000013310	
1. Entity Name POWER VAC CORPORATION	

Principal Place of Business 4762 NE 12 AVE OAKLAND PARK, FL 33334	Mailing Address 4762 NE 12 AVE OAKLAND PARK, FL 33334
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2. Principal Place of Business - No P.O. Box # 4811 NE 12th AVE Suite, Apt. #, etc.	3. Mailing Address 4811 NE 12th AVE Suite, Apt. #, etc.
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City & State OAKLAND PARK FL	City & State OAKLAND PARK FL
Zip FL 33334 Country	Zip 33334-4803 Country



04082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0560004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROSENTHAL, STEPHEN B
8142 NORTH UNIVERSITY DR.
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOECKLER, DANIEL A		NAME	
STREET ADDRESS 5296 N.E. 1ST AVE.		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 333341602		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOECKLER, DARRON A		NAME	
STREET ADDRESS 5296 N.E. 1ST AVE.		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 333341602		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOECKIER, NANCY		NAME	
STREET ADDRESS 5296 N.E. 1ST AVE.		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 333341602		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Danny Boeckler, Nancy Boeckler* *4/8/08* *954-491-0188*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #