2003 FOR PROFIT CORPORATION

Oldin Ollin Boolide	. 	. 102	_		_
DOCUMENT # P96000058919 1. Entity Name POWER ANDA MORE ELECTRIC, CORP. AND			SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY 29 AM 11: 06		Ą
Principal Place of Business -1840 W 49 ST	Mailing Address 1840 W 49 ST # 484 HIALEAH FL-33012			010 0 010	
2. Principal Place of Business /200 NW 78 AVEN VK Suite, Apt. #, etc. 216	Suite, Apt. #, etc.	PARNUE	CHECK HERE IF MA		_
City & State MIAMI, FC.	City & State	FC.	4. FEI Number 59-3395636	Applied For Not Applicable	e
Zin 331V6 Country	zig 3/1/6	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Register	red Agent	7
MALAGON, JORGE A -1840 W 49 ST -# 404 -HIALEAH FL 33012		576	Street Address (P.O. Box Number is Not Acceptable) 200 NW 78 AVENUE St. #216		
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 reinstating) DATE FILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	☐ Added to Fees	
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11 Change Addition] @
NAME MALAGON, JORGE A STREET ADDRESS 1020 NE 111 ST CITY-ST-ZIP MIAMI FL 33161	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	3 0001973 05/22/0301053021		CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	CR2
TITLE	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, visiting the supplementary of the sup	true and accurate and that me wered to execute this report	ny signature shall have the as required by Chapter 60	same legal effect as if made under oath; the first same l	at Lam an officer or director	

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR