

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90172 022 ***150.00

DOCUMENT # P97000006762

1. Entity Name

POWER ENTERPRISES & INVESTMENTS OF FLORIDA, INC.



Principal Place of Business

1233 NE 81 TERR
MIAMI FL 33138
US

Mailing Address

1233 NE 81 TERR
MIAMI FL 33138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0764373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LAZARO
1233 NE 81 TERR
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

GARCIA LAZARO

Street Address (P.O. Box Number is Not Acceptable)

511 NW 79ST

City

MIAMI

FL

Zip Code

33150

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GARCIA, LAZARO
STREET ADDRESS 1233 NE 81 TERR
CITY-ST-ZIP MIAMI FL 33138

TITLE ☒ Change ☐ Addition
NAME 511 NW 79ST
STREET ADDRESS MIAMI FL-33150
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BERRIOS, WILLIE
STREET ADDRESS 130 NW 39ST
CITY-ST-ZIP MIAMI FL 33127

TITLE ☒ Change ☐ Addition
NAME 511 NW 79ST
STREET ADDRESS MIAMI FL-33150
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/7/05

Date

305-218-7528
Daytime Phone #