

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90062 020 \*\*\*150.00

<b>DOCUMENT # P97000006762</b>					
<b>1. Entity Name</b> POWER ENTERPRISES & INVESTMENTS OF FLORIDA, INC.					
<b>Principal Place of Business</b> <del>1233 NE 81 TERR</del> <del>MIAMI FL 33138</del> US			<b>Mailing Address</b> <del>1233 NE 81 TERR</del> <del>MIAMI FL 33138</del> US		
490 NW 79st MIAMI FL 33150			490 NW 79st MIAMI FL 33150		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0764373	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GARCIA, LAZARO 511 NW 79 ST MIAMI FL 33150			<b>7. Name and Address of New Registered Agent</b> Name: LAZARO GARCIA Street Address (P.O. Box Number is Not Acceptable): 490 NW 79st City: MIAMI FL Zip Code: 33150		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> GARCIA, LAZARO <b>STREET ADDRESS</b> 511 NW 79 ST <b>CITY - ST - ZIP</b> MIAMI FL 33150	490 NW 79st MIAMI FL 33150		<b>TITLE</b> LAZARO GARCIA <b>NAME</b> 490 NW 79st <b>STREET ADDRESS</b> MIAMI FL 33150 <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> LAZARO, GARCIA <b>STREET ADDRESS</b> 511 NW 79 ST <b>CITY - ST - ZIP</b> MIAMI FL 33150	490 NW 79st MIAMI FL 33150		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/29/07 Date		
Daytime Phone #					