## 2008 FOR PROFIT CORPORATION

## May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000097368 05-01-2008 90185 012 \*\*\*150 00 POWER LEGAL ADVISORY INC. Principal Place of Business Mailing Address 60035789 617 A CLEVELANS ST.-SUITE "2" 617 A CLEVELANS ST.-SUITE "2" CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0794073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAMIANI, LILIANA Street Address (P.O. Box Number is Not Acceptable) 617 A CLEVELANS ST.-SUITE "2" CLEARWATER, FL 33755 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees . OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -1 11. ☐ Delete TITLE TITLE Change Addition DAMIANI, LILIANA NAME NAME 617 A CLEVELANS ST.-SUITE "2" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY - ST - ZIP VP. TITLE Delete DHE Change ☐ Addition SPOTORNO, ORLANDO NAME NAME 617 A CLEVELANS ST., STE. 2 STREET ADDRESS STREET ADORESS CLEARWATER, FL 33755 CITY-ST-ZIP CITY - ST - ZIE PC TITLE ☐ Delete Change ☐ Addition DAMIANI, JORGE A NAME NAME STREET ADORESS 617 A CLEVELANS ST., STE. 2 STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Defete TITI F ☐ Change ■ Addition DELFINA, DAMIANI NAME NAME STREET ADDRESS 617 A CLEVELANS ST., STE. 2 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP ☐ Delete IIILE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF

**FILED**