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003	FOR	PROFIT	CORPORAT	TION
IFO	RM B	USINES	S REPORT	(UBR)

P97000097368 DOCUMENT #

1. Entity Name

POWER LEGAL ADVISORY INC.



Principal Place of Business Mailing Address 617 A CLEVELANS ST. SUITE "2" 617 A CLEVELANS ST.-SUITE "2" CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0794073 Not Applicable 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 City 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ... After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE □ Change DAMIANI, LILIANA NAME NAME STREET ADDRESS 617 A CLEVELANS ST.-SUITE "2" STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP ÇITY-ST-ZIP **VPVC** TITLE ☐ Change ☐ Delete TITLE Addition SPOTORNO, ORLANDO NAME NAME 617 A CLEVELANS ST., STE. 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP [] Addition TITLE Delete -- -- -TITLE ___ Change DAMIANI, JORGE A NAME NAME 617 A CLEVELANS ST., STE. 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition DEL VALLE, ELIZABETH NAME NAME 617 A CLEVELANS ST., STE. 2 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33755 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP