FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

an officer or director of the

appears in Block 11 or on

SIGNATURE

STF FL32381F.1

in attachment with an

FILED May 28, 2002 8:00 am Secretary of State 05-28-2002 91753 011 ***150.00

Applied For Not Applicable

\$8.75 Additional Fee Required

954-922-1313

1. Entity Name	H # P9900002	Secretary of 05-28-2002 91753 011		
POWER GROU	JP INVESTMEN	rs inc.	<u> </u>	03-28-2002 91/33 011
DO N	IOT WRITE	IN THIS SP	PACE	
2. Principal Place of Business 1401 DEWEY STREET		3. Mailing Address 1401 DEWEY STREET		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State HOLLYWOOD,	FL	City & State HOLLYWOOD,	FL	4. FEI Number 65-0922709
Zip 33020	Country USA	Z ip 33020	Country USA	5. Certificate of Status Desired \$8.75 Fee Rec
				7. Name and Address of Current Registered Agent
	DO NOT W	RITE	Name FERNANI Street Address	LAMOTHE (P.O. Box Number is Not Acceptable)

	IN THIS SPACE	SE .	1401	DEWE	Y STREET					
	IN IIIIO OFAU	JE .								
	percurvation of the property of		City			Zip Code				
0.7			HOLL	YWOOD	<u>FI</u>					
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.										
A 1 A 11 A 11										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
t Indicate and the second seco										
			ay 1 Fee is \$150.00 I. Fee is \$550.00		40 Election Compaign Circuit	¢5.00				
(See criter	ia on back)	Amended	Amended UBR is \$61.25 ke Check Payable to Department of State			\$5.00 May Be Added to Fees				
					Auded to Fees					
11.	OFFICERS AND DIREC	TORS								
TITLE	PD		TITLE							
NAME	LAMOTHE FERNAND	NAME			3.00					
STREET ADDRESS CITY - ST - ZIP	1401 DEWEY STREET	STREET ADDRESS								
	HOLLYWOOD, FL 330	20	CTIY - ST - ZIP							
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13. 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 of	director of the leavest or supplemental	INVITED ONE SIN SCCOL	ine wuo mat wil 21	gnature snall	nave me same legal effect as if mad	e under oath; that I am				

corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Date

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR