


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90021 031 \*\*\*150.00

**DOCUMENT # P99000092173**

1. Entity Name  
**POWER CONSTRUCTION INC.**



Principal Place of Business      Mailing Address

**320 WEST 39TH PLACE**      **320 WEST 39TH PLACE**  
**HIALEAH, FL 33012**      **HIALEAH, FL 33012**

**J401400J**



02242004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0957526</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ACOSTA, JESUS**  
**320 WEST 39TH PLACE**  
**HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9.** Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ACOSTA, ALEIMY 320 WEST 39TH PLACE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ACOSTA, JESUS 320 WEST 39TH PLACE HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**

**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.

**SIGNATURE:** *Aleimy Acosta*      *Feb 29/04*      *305 826 7820*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #