

9003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 23 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

MRS

DOCUMENT # P 99000092173
1. Entity Name
Power Construction Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>320 West 39 Plac.</i>		3. Mailing Address <i>320 West 39 Plac.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hialeah FL</i>		City & State <i>Hialeah FL</i>	
Zip <i>33012</i>	Country	Zip <i>33012</i>	Country

4. FEI Number <i>05-0957524</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Acosta Jesus.</i>
Street Address (P.O. Box Number is Not Acceptable) <i>320 West 39 Plac.</i>
City <i>Hialeah</i> FL Zip Code <i>33012</i>

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.

SIGNATURE *[Signature]* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1. Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <i>VTD</i>	NAME <i>Acosta Alemp.</i>	TITLE <i>200024390632</i>	NAME <i>11/03/03--01105--011 **150.00</i>
STREET ADDRESS <i>320 West 39 Plac Hialeah FL.</i>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <i>PSD</i>	NAME <i>Acosta Jesus</i>	TITLE	NAME
STREET ADDRESS <i>320 West 39 Pl. Hialeah FL</i>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *10/22/03* Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 21,2003

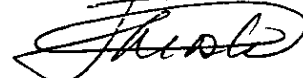
POWER CONSTRUCTION INC.
320 WEST 39TH PL
HIALEAH, FL 33012

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS
UNINTENTIONAL, DUE TO THE FACT THAT I NEVER RECEIVED THE
ANNUAL REPORT. IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE
KINDLY APPRECIATED.

SINCERELY,



JESUS ACOSTA
PRESIDENT