

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90317 048 ***150.00

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1. Entity Name

POWERCELL, INC.



Principal Place of Business

C/O LILIAN SREDNI, P.A.
20900 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180

Mailing Address

C/O LILIAN SREDNI, P.A.
20900 WEST DIXIE HWY
NORTH MIAMI BEACH, FL 33180

94056553



01132004

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048433

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75

0000000000

6. Name and Address of Current Registered Agent

SREDNI, LILIAN P.A.
~~20900 WEST DIXIE HWY~~ 1380 NE miami Gardens Dr
NORTH MIAMI BEACH, FL ~~33180~~ #246
33179

**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

Lilian Sredni

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/04

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

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 00000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALALU, SALOMON
STREET ADDRESS	C/O LILIAN SREDNI, P.A.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Salomon Alalu President 4/15/04 305-888-5400