

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000032595

1. Entity Name
POWER STAR PRODUCTS, CORP.



Principal Place of Business
**3948 E HIBISCUS ST
WESTON, FL 33332-2454**

Mailing Address
**3948 E HIBISCUS ST
WESTON, FL 33332-2454**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3721897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE GONZALEZ, NURYS
3948 E HIBISCUS ST
WESTON, FL 33332-2454**

**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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

01/23/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**P
GONZALEZ, FEVI
3948 HIBISCUS ST
WESTON, FL 333322454**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
DE GONZALEZ, NURYS U
3948 E HIBISCUS ST
WESTON, FL 333322454**

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000000400565
02/02/06-80009-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/06

Date

Daytime Phone #