2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059667

1. Entity Name
POWER TECH ELECTRONICS, INC.

Principal Place of Business	Mailing Address
3015 SW 93 PLACE MIAMI, FL 33165	3015 SW 93 PLACE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

02152004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1117373	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ENRIQUEZ, JOSE D
10395 SW 28 STREET
MIAMI, FL 33165

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

U00000060743
02/23/04-80051-022 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	GONZALEZ, MARLENE	
STREET ADDRESS	3015 SW 93 PLACE	
CITY-ST-ZIP	MIAMI, FL 33165	
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	Original	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: X _____   2-17-04   305-718-9200

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