

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000100664

1. Entity Name
POWERHOUSE ENTERTAINMENT, INC.



Principal Place of Business
**13791 SW 31 ST
MIRAMAR, FL 33027**

Mailing Address
**13791 SW 31 ST
MIRAMAR, FL 33027**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4507706

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**ANGELA, MILANGELO
13791 SW 31 ST
MIRAMAR, FL 33027**

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

(NOTE: Registered Agent signature required when reconstituting)

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**

**U00000060001
02/23/04-80022-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ANGELA, MILANGELO
STREET ADDRESS	13791 SW 31 ST
CITY- ST- ZIP	MIRAMAR, FL 33027
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	

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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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04 954-450-3700

Date

Daytime Phone #