


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90003 005 \*\*\*150.00

|  |   |
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| <b>DOCUMENT # P02000113477</b>                                 |  |
| 1. Entity Name<br><b>POWER SMOOTHIE CAFE FRANCHISING, INC.</b> |   |

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| Principal Place of Business<br><b>5499 N. FEDERAL HWY<br/>STE B<br/>BOCA RATON, FL 33487</b> | Mailing Address<br><b>5499 N. FEDERAL HWY<br/>STE B<br/>BOCA RATON, FL 33487</b> |
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**54070696**



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| 2. Principal Place of Business<br><b>239 GOOLSBY BLVD<br/>SUITE, APT. #, ETC.<br/>18</b> | 3. Mailing Address<br><b>239 GOOLSBY BLVD<br/>SUITE, APT. #, ETC.<br/>18</b> |
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08262004 Chg-P CR2E034 (10/03)

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| City & State<br><b>DEERFIELD BEACH</b> | City & State<br><b>DEERFIELD BEACH</b> |
| Zip<br><b>33442</b>                    | Country<br><b>BROWARD</b>              |
| Zip<br><b>33442</b>                    | Country<br><b>BROWARD</b>              |

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| 4. FEI Number<br><b>45-0501547</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><b>PARADISO, DON A<br/>2401 E. ATLANTIC BLVD., SUITE 314<br/>POMPANO BEACH, FL 33062</b> |  |
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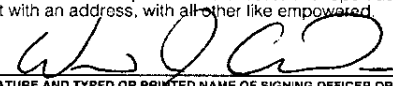
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| 7. Name and Address of New Registered Agent<br>Name <b>WILLIAM J. CULLEN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1844 N. NOB HILL ROAD #460</b><br>City <b>Pompano, FL</b> Zip Code <b>33062</b> |  |
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| 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.<br>SIGNATURE  DATE <b>8/24/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CULLEN, WILLIAM J<br/>5499 N. FEDERAL HWY STE B<br/>BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VTS<br/>TRAINA, JAMES<br/>5499 N FEDERAL HWY STE B<br/>BOCA RATON, FL 33487</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D, P, V, T, S<br/>WILLIAM CULLEN<br/>239 GOOLSBY BLVD #18<br/>DEERFIELD BEACH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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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:   | Date <b>8/24/04</b> Daytime Phone # <b>561-392-9605</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |