2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000074870

1. Entity Name
POWER KIDS INC.

Principal Place of Business	Mailing Address
15959 NW 82 PLACE MIAMI LAKES, FL 33016	15959 NW 82 PLACE MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

01072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0142857	Not Applicable

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

6. Name and Address of Current Registered Agent

CACERES, RAMON F
15959 NW 82 PLACE
MIAMI, FL 33016

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000405257
02/07/06-80031-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CACERES, RAMON F
STREET ADDRESS	15959 NW 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	PD
NAME	CACERES, JORGE F
STREET ADDRESS	15959 NW 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	VD
NAME	GAMIZ, TOMAS O
STREET ADDRESS	6861 W 30 CT
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	VD
NAME	GAMIZ, ORLANDO
STREET ADDRESS	6861 W 30 CT
CITY-ST-ZIP	HIALEAH, FL 33018
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 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: _Ramon_   RAMON F CACERES   01/17/06   305-558-8788

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