

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# R03000078514

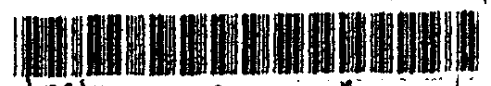
1. Entity Name
POWER, HEALTH & LONGEVITY, INC



FILED

04 OCT 29 PM 1:52

REINSTATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01/09/04 90064 042 \$150.00
01082004 Chg-P CR2E034 (10/03)

Principal Place of Business
**7730 SW 68 TR
MIAMI, FL 33143**

Mailing Address
**PO BOX 832137
MIAMI, FL 33283-2137 US**

2. Principal Place of Business
7105 N.W. 50th St.

3. Mailing Address
- SAME -

City & State
Miami FL

City & State
1

Zip
33166

Country
USA

4. FEI Number
16-2378967

Approved For
Not Applicable

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

6. Name and Address of Current Registered Agent
**COMPLETE CORPORATE SERVICES, INC
915 MIDDLE RIVER DR
410
FT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent
Name: **MARCELO LUNA**
Street Address (P.O. Box Number is Not Acceptable): **7105 NW 50th STREET**
City: **Miami** FL **33166**

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]** DATE: **1-9-2004**

**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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	LUNA, MARCELO	7105 NW 50 ST	MIAMI, FL 33166				
VP, S	BALLESTAS, ACHILLES	PO BOX 832137	MIAMI, FL 332832137				
T	POTENZONI, EMILIANO	7105 NW 50 ST	MIAMI, FL 33166	VP, S	POTENZONI, EMILIANO	7105 N.W. 50th ST	MIAMI, FL 33166

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 in an Attachment to this address, each as applicable, as requested.

SIGNATURE: **[Signature] - MARCELO LUNA - P** DATE: **1-9-2004** (B07) 994-9984

R03000078514



Miami, FL .
October 27, 2004

Department of State
Division of Corporation

Re.: Corporate Fillings

Dear Sir or Madam:

Reviewing your Web Site, we see our company in inactive status. Then, we call to Division of Corporation and they explain the reason about the status. But, we never received your letter where required our FEI number because we moved from principal place and mailing address.

I give you the correct information:

Document #P03000078514
Power, Health & Longevity, Inc.
7105 NW 50th. Street
Miami, FL 33166

FEI Number 56-2378967

Mailing Address:
2350 SW 23rd. Terrace
Miami, FL 33145

Officer and Director:
Luna, Marcelo
7105 NW 50th. Street
Miami, FL 33166
President, Secretary Director
Phone: 305 984 9648

We appreciated your help in this matter.

Cordially,

Marcelo Luna

A handwritten signature in black ink, appearing to read 'Marcelo Luna', with a star symbol and a flourish at the end.