2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078514

1. Entity Name
POWER, HEALTH & LONGEVITY, INC

FILED
04 OCT 29 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATE

01D9104 900069 092 **150.00
01082004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7730 SW 68 TR MIAMI, FL 33143	PO BOX 832137 MIAMI, FL 33283-2137 US

2. Principal Place of Business	3. Mailing Address
7105 N.W. 50th ST.	- SAME -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State:
Zip: 33166 Country: USA	Zip: Country:

4. FEI Number: 56-2378967 — Applied For ☐ Not Applicable ☐

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

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMPLETE CORPORATE SERVICES, INC 915 MIDDLE RIVER DR 410 FT LAUDERDALE, FL 33304	Name: Marcelo LUNA Street Address (P.O. Box Number is Not Acceptable): 7105 NW 50th STREET City: Miami FL Zip Code: 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-ST-ZIP	P LUNA, MARCELO 7105 NW 50 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S BALLESTAS, ACHILLES PO BOX 832137 MIAMI, FL 332832137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POTENZONI, EMILIANO 7105 NW 50 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, S Potenzoni, Emiliano 7105 N.W. 50th ST. Miami, FL 33166	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Marcelo LUNA - P 1-9-2004 (305) 994-9954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P03000078514

Power Health & Longevity

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 **FEI Number 56-2378967**
Power, Health & Longevity, Inc.
7105 NW 50th. Street
Miami, FL 33166

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