

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078514

FILED
Apr 15, 2008
Secretary of State

Entity Name: POWER, HEALTH & LONGEVITY, INC

Current Principal Place of Business:

2194 NW 82ND. AVENUE
DORAL, FL 33122

New Principal Place of Business:

1651 W. 37TH. STREET
402
HIALEAH, FL 33012

Current Mailing Address:

2350 SW 23RD. TERRACE
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 56-2378967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNA, MARCELO
2194 NW 82ND. AVENUE
DORAL, FL 33122 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUNA, MARCELO
Address: 2194 NW 82ND. AVENUE
City-St-Zip: MIAMI, FL 33122 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LUNA, MARCELO
Address: 2194 NW 82ND. AVENUE
City-St-Zip: MIAMI, FL 33122 US

Title: DVPS () Change (X) Addition
Name: LUNA, RITA
Address: 1651 W. 37TH. STREET
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO LUNA

DPT

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date