

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000117154

1. Entity Name  
HIGHER POWER TECHNOLOGIES, INC.



Principal Place of Business  
1819 TAMARIND LANE  
COCONUT CREEK, FL 33063

Mailing Address  
1819 TAMARIND LANE  
COCONUT CREEK, FL 33063



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
41-2146929

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JONATHAN  
1819 TAMARIND LANE  
COCONUT CREEK, FL 33063

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IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000634008  
02/21/07-80089-001 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOLDMAN, JONATHAN  
1819 TAMARIND LANE  
COCONUT CREEK, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Jonathan Goldman Jonathan Goldman 2/8/07 954-974-4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #