

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000056807

1. Entity Name
POWER DISTRIBUTORS, INC.



Principal Place of Business
**13701 SW 143 COURT UNIT 106
MIAMI, FL 33186**

Mailing Address
**13701 SW 143 COURT UNIT 106
MIAMI, FL 33186**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1275930

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTINEZ, EUGENIO JR
4920 BILTMORE DRIVE
CORAL GABLES, FL 33146**

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS.

TITLE **P**
NAME **MARTINEZ, EUGENIO JR**
STREET ADDRESS **4920 BILTMORE DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **V**
NAME **MARTINEZ, EUGENIO SR**
STREET ADDRESS **4920 BILTMORE DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000730185
01/23/08-80025-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/18/08

Date

305-546-2525

Daytime Phone #

Eugenio Martinez JR.