## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000039410

Title:

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SALAS, FELIX DIR

18520 NW 67AV #246

SALAS, EDWIN DIR

18520 NW 67AV #246

MIAMI GARDENS, FL 33015

MIAMI GARDENS, FL 33015

FILED Jun 13, 2008 Secretary of State

Entity Nar	me: POWER	BLUE ENTERPRISE, CORF	⊃.				
Current Principal Place of Business:				New Principal Place of Business:			
10312 LEXINGTON ESTATES BLV. BOCA RATON, FL 33428				5743 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021			
Current Mailing Address:				New Mailing Address:			
10312 LEXINGTON ESTATES BLV. BOCA RATON, FL 33428				5743 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021			
FEI Number:	: 41-2236212	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
The above	'67AV. RDENS, FL 3		e purpose o	f changing i	ts registere	d office or registered agent, or b	oth,
SIGNATUF		nic Signature of Registered /	Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	ROSALES, FE	) Delete ERNANDO PRES GTON ESTATES BLV. I, FL 33428		Title: Name: Address: City-St-Zip:	P SALAS, FEI 17850 NW PEMBROKE		
Title: Name: Address: City-St-Zip:	LAFOSSE, BL	NA PLACE #111		Title: Name: Address: City-St-Zip:	5743 HOLL	(X) Change ( ) Addition OS, JULIO CESAR TREASUR YWOOD BLVD. DD, FL 33021	
Title: Name: Address: City-St-Zip:	REANO-STOL 18520 NW 67	) Delete L, ANA MARIA DIR AV.#246 ENS, FL 33015		Title: Name: Address: City-St-Zip:	18520 NW (	(X) Change ( ) Addition DLL, ANA MARIA SEC 37 AV.#246 DENS, FL 33015	

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

VΡ

SALAS, EDWIN VICE PR

MIAMI GARDENS, FL 33015

SANCHEZ, GISELA MARIA DIR

5743 HOLLYWOOD BLVD.

HOLLYWOOD, FL 33015

18520 NW 67AV #246

(X) Change ( ) Addition

(X) Change ( ) Addition

SIGNATURE: FELIX SALAS PRE 06/13/2008