

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000045063

1. Entry Name
POWER PRESSURE FOR LESS, INC.



Principal Place of Business

9201 SW 140 ST
MIAMI, FL 33176 US

Mailing Address

9201 SW 140 ST
MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0498411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNAIZ, PATXI
9201 SW 140 ST
MIAMI, FL 33176

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ARNAIZ, PATXI
7410 SOUTHWEST 19 TERRACE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
O
CASTILLO, CARLOS
4021 SW 6 STREET
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
O
HERNANDEZ, NELSON
9195 SW 147 AVE #3140
MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
O
LEMUS, JESSY
12865 SW 76 TR.
MIAMI, FL 33183

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000119888
04/19/04-80115-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/19/04

Daytime Phone #