

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2006 8:00 am
Secretary of State

07-24-2006 90002 043 ***150.00
08-14-2006 90038 043 ***400.00

DOCUMENT # P97000077946	
1. Entity Name POWER 99 DISTRIBUTORS, INC.	

Principal Place of Business 5407 NW 163RD ST MIAMI FL 33014 US	Mailing Address PO BOX 693192 MIAMI FL 33014 US
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2. Principal Place of Business	3. Mailing Address PO Box 693192
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

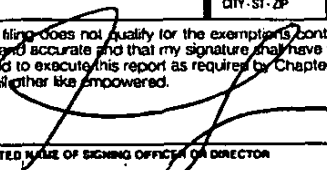
City & State Miami Fla.	4. FEI Number 65-0784033	Applied For ☐ Not Applicable
Zip 33269	Country US	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAGANI, FIRDOUS 5407 NW 163RD ST MIAMI FL 33014		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.		7-20-06
SIGNATURE	DATE	

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CHAGANI, FIRDOUS		NAME	
STREET ADDRESS 5407 NW 163RD STREET		STREET ADDRESS	
CITY- ST- ZIP MIAMI FL 33014		CITY- ST- ZIP	
TITLE VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CHARANIA, SAMEER		NAME	
STREET ADDRESS 5407 NW 163RD STREET		STREET ADDRESS	
CITY- ST- ZIP MIAMI FL 33014		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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, changed, or on an attachment with an address, with another like empowered.	
SIGNATURE: 	7-20-06 305 3220529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #