# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 18, 2008 8:00 am**
**Secretary of State**
02-18-2008 90004 040 ***150.00

DOCUMENT # P97000077946

1. Entity Name
POWER 99 DISTRIBUTORS, INC.

Principal Place of Business
1337 NE 163RD ST. MALL
NORTH MIAMI FL 33162
US

Mailing Address
PO BOX 693192
MIAMI FL 33269
US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 18168 NW 89 PL
~~Suite, Apt. #, etc.~~
City & State Hialeah Fla.
Zip 33018-6534 Country US

3. Mailing Address PO Box 693192
~~Suite, Apt. #, etc.~~
City & State Miami Fla.
Zip 33269-0192 Country US

4. FEI Number 65-0784033 Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**
CHAGANI, FIRDOUS
18168 NW 89TH PLACE
HIALEAH FL 33018

**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.

SIGNATURE _____ DATE 2-10-08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

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

| 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 | 18168 NW 89TH PLACE | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33018 | CITY-ST-ZIP | |
| TITLE | VTD ☐ Delete | TITLE | VTD ☑ Change ☐ Addition |
| NAME | CHARANIA, SAMEER | NAME | CHARANIA SAMEER |
| STREET ADDRESS | 16900 N. BAY RD. #1811 | STREET ADDRESS | 18921 SW 32nd Court |
| CITY-ST-ZIP | SUNNY ISLES FL 33160 | CITY-ST-ZIP | Miramar Fla 33029 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| 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 Section 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:** F CHAGANI 2/10/08 305 3220529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #