

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2004 8:00 am
Secretary of State

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02062004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000107778	
1. Entity Name POWER HOLDING INTERNATIONAL CORP.	

Principal Place of Business 807 SW 25 AVE #206 MIAMI, FL 33135	Mailing Address 6951 N.W. 82ND AVENUE MIAMI, FL 33166-2766
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2. Principal Place of Business		3. Mailing Address 218 SANTILLANE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT - 7	
City & State		City & State MIAMI	
Zip	Country	Zip	Country
33134		33134	CORAL GABLES

4. FEI Number 65-0983528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CORDOVA, JULIO 1218 SANTILLANE AVE AP 7 MIAMI, FL 33134	

7. Name and Address of New Registered Agent	
Name JULIO CORDOVA	
Street Address (P.O. Box Number is Not Acceptable) 218 SANTILLANE AVE AP 7	
City MIAMI	FL Zip Code 33134

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D CORDOVA, JULIO 1218 SANTILLANE AV AP 7 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **J. C.** **03-30-04** **305-774-7334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #