

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State



| | | | | | |
|--|---------|---|--|---|--|
| DOCUMENT # 321028 | | | | | |
| 1. Entity Name POLMAR REALTY INC | | Mailing Address C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131 | | Applied For Not Applicable | |
| 2. Principal Place of Business C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131 | | 3. Mailing Address C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131 | | 4. FEI Number 59-1223043 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/05) | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent LERMAN, ISIDORO LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131 | | | 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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | LERMAN, ISIDORO (ASST) | | NAME | | |
| STREET ADDRESS | 48 E. FLAGLER ST. #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | GINZBURG, SAUL | | NAME | | |
| STREET ADDRESS | 7901 BISCAYNE POINT CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BCH, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | GINZBURG, BERTHA | | NAME | | |
| STREET ADDRESS | 7901 BISCAYNE POINT CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BCH, FL 00000 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | GINZBURG, MITCHELL | | NAME | | |
| STREET ADDRESS | 7901 BISCAYNE POINT CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | LEAMAT, JORGE | | NAME | | |
| STREET ADDRESS | 480 FLAGLER ST, PH 101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 02/21/06 80001-003 150.00

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:  **Assistant Secretary** 2/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #