

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096165

FILED
Apr 21, 2005
Secretary of State

Entity Name: POLAR LIGHT, INC.

Current Principal Place of Business:

1 GROVE ISLE DRIVE
D-9
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

1581 BRICKELL AVE
SUITE #1402
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-1046201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOYOS, MAITE
1101 BRICKELL AVENUE
SUITE 704
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANTILLA, HUGO
Address: 520 BRICKELL KEU DR B.H #43
City-St-Zip: MIAMI, FL 33131

Title: DVP () Delete
Name: ECHAVARRIA, CAMILO
Address: 1581 BRICKELL AVE SUITE#1402
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: JARAMILLO, ILSA
Address: 1581 BRICKELL AVE SUITE #1402
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANTILLA, HUGO
Address: 520 BRICKELL KEY DR B.H #43
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILO ECHAVARRIA

MR.

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date