

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 049 \*\*\*550.00

DOCUMENT # P05000145986  
 1. Entity Name  
 WILLIAM S. POLLAK, P.A.



Principal Place of Business  
 44 W. FLAGLER ST.  
 STE. 1700  
 MIAMI, FL 33130-6817

Mailing Address  
 44 W. FLAGLER ST.  
 STE. 1700  
 MIAMI, FL 33130-6817

00000000

2. Principal Place of Business  
 19 W. Flagler St.  
 Suite, Apt. #, etc.  
 Ste 607

3. Mailing Address  
 19 W. Flagler St.  
 Suite, Apt. #, etc.  
 Ste. 607



07062006 Chg-P CR2E034 (11/05)

City & State  
 33130-4408 Country

City & State  
 33130-4408 Country

4. FEI Number  
 42-1683146

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLLAK, WILLIAM S  
 44 W. FLAGLER ST.  
 STE. 1700  
 MIAMI, FL 33130-6817

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 19 W. Flagler St.  
 Ste - 607  
 City  
 FL Zip Code 33130-4408

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: William S. Pollak  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD POLLAK, WILLIAM S 44 W. FLAGLER ST., STE. 1700 MIAMI, FL 331306817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	19 W. Flagler St., Ste. 607 33130-4408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William S. Pollak  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/358-5088  
 Date Daytime Phone #