


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000102023
 1. Entity Name
RENEE POLLAK INTERNATIONAL INSTITUTE, INC.



Principal Place of Business Mailing Address
 6621 NW 24 AVE 6621 NW 24 AVE
 BOCA RATON, FL 33496 US BOCA RATON, FL 33496 US

DO NOT WRITE IN THIS SPACE



02062005 No Chg-P CR2E034 (10/03)
 4. FEI Number 65-0804418 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KUPERMAN, MARC A
7695 SW 104 ST, STE 210
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 1100000221829
 02/09/05-80047-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLLAK, RENEE
STREET ADDRESS	6621 NW 24 AVE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Renee Pollak **RENEE POLLAK** President **Feb 6, 05** 561-989-9418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #