

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040499

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: POLITA, INC.

## Current Principal Place of Business:

525 WEST 50 STREET  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

3232 NW 41 ST  
MIAMI, FL 33142

## Current Mailing Address:

525 WEST 50 STREET  
MIAMI BEACH, FL 33140

## New Mailing Address:

P O BOX 143706  
CORAL GABLES, FL 33114 37

FEI Number: 65-0832535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLITA, FABIO  
525 WEST 50 STREET  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

POLITA, FABIO  
730 MADEIRA AVE  
CORAL GABLES, FL 33114 US

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: FABIO POLITA

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: POLITA, FABIO  
Address: 525 WEST 50 ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VT ( ) Delete  
Name: FERNANDEZ, CONCHITA  
Address: 525 WEST 50 ST  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: POLITA, FABIO  
Address: 730 MADEIRA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VT (X) Change ( ) Addition  
Name: FERNANDEZ, CONCHITA  
Address: 730 MADEIRA AVE  
City-St-Zip: CORAL GABLES, FL 33134

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: FABIO POLITA

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04/26/2005

Electronic Signature of Signing Officer or Director

Date