


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 021 \*\*\*150.00

**DOCUMENT # P99000055973**

1. Entity Name  
**POLAR AVIATION, INC.**



Principal Place of Business      Mailing Address

2601 BAYSHORE DRIVE      2601 BAYSHORE DRIVE  
 SUITE 1400      SUITE 1400  
 COCONUT GROVE, FL 33133      COCONUT GROVE, FL 33133



2. Principal Place of Business      3. Mailing Address

~~550 BILTMORE WAY~~      ~~550 BILTMORE WAY~~  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

~~SUITE 700~~      ~~SUITE 700~~  
 City & State      City & State

~~CORAL GABLES, FL~~      ~~CORAL GABLES, FL~~

Zip      Country      Zip      Country

~~33134~~      ~~USA~~      ~~33134~~      ~~USA~~

01272004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**NOT APPLICABLE**      Not Applicable

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

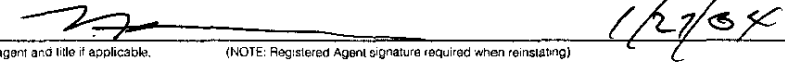
6. Name and Address of Current Registered Agent

**ARROYAVE, OSCAR**  
 2601 BAYSHORE DRIVE  
 SUITE 1400  
 COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name  
**NEALE J. POLLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**550 BILTMORE WAY, SUITE 700**  
 City      **FL**      Zip Code  
**CORAL GABLES**      **33134**

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 **NEALE J. POLLER**  DATE **1/27/04**


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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	VTD ABI-RAFEH, IBRAHIM 4400 SHERIDAN ST HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ABI-RAFEH, IBRAHIM 4400 SHERIDAN STREET HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLER, NEALE J 550 BILTMORE WAY STE 200 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARROYANE, OSCOR 2601 BAYSHORE DRIVE STE 1400 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 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: **NEALE J. POLLER**  DATE **1/27/04**      305-529-2431

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