

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 321028

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**4928632476CC**

**Entity Name:** POLMAR REALTY INC

**Current Principal Place of Business:**

C/O LERMAN AND LERMAN, P.A.  
48 EAST FLAGLER STREET, PH 101  
MIAMI, FL 33131

**Current Mailing Address:**

C/O LERMAN AND LERMAN, P.A.  
48 EAST FLAGLER STREET, PENTHOUSE 101  
MIAMI, FL 33131

**FEI Number:** 59-1223043

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LERMAN AND LERMAN, P.A.  
48 EAST FLAGLER STREET  
PENTHOUSE 101  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GINZBURG, SAUL  
Address        39 NE 1ST STREET  
City-State-Zip: MIAMI FL 33132

Title            TD  
Name            GINZBURG, BERTHA  
Address        39 NE 1ST STREET  
City-State-Zip: MIAMI FL 33132

Title            VP  
Name            GINZBURG, MITCHELL  
Address        7901 BISCAYNE POINT CIRCLE  
City-State-Zip: MIAMI BEACH FL

Title            S  
Name            LERMAN, JORGE  
Address        48 FLAGLER ST, PH 101  
City-State-Zip: MIAMI FL 33131

Title            ASST. SECRETARY  
Name            LERMAN, BENJAMIN  
Address        48 EAST FLAGLER STREET  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE:** JORGE LERMAN

**S**

**01/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date