## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

	ANNUAL	REPURI		_	C - C	CC
DOCUMENT # 487333					Secre	tary of State
1. Entity Nan	ne					
POLLER AND JORDAN ADVERTISING AGENCY, INC.						
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			
8205 NW 30		8205 NW 30 TERR				
MIAMI, FL 3	33122	MIAMI, FL 33122				
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7		Programme Control of the Control of		04070000 No	Cha B CB3	E024 (44/05)
l	O NOT WRITE	IN THIS COA	CE	01072008 No	Chg-P CR2	E034 (11/05)
` <b>L</b>				4. FEI Number 59-1624262		Applied For Not Applicable
, ,			in the second			\$8.75 Additional
. 'qu,	and the tenth of the second	English of the property of the	r r si	5. Certificate of Statu	us Desired 🔲	Fee Required
	6. Name and Address of Current Re	gistered Agent	- Contract of	69 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		g to the second
POLLER	ROBERT H.			,		
8205 NW 30 TERR			5	MADO NE	T WRIT	
MIAMI, FL 33122			ar en e	IN THI	S SPAC	<b>E</b> • • • • • • • • • • • • • • • • • • •
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			The state of the s		1. J	<u> </u>
	<ul> <li>named entity submits this statement for the statement</li></ul>	ne purpose of changing its registe	ered office or register	ed agent, or both, in the	e State of Florida. I a	m familiar with, and accept
	-					
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registe	red Agent signature required	when reinstating)	DAT	E
		5 Floation Compaign Fig.	noise CC	00		
	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		.00 May Be ed to Fees		
10.	OFFICERS AND DI	BECTORS				
TITLE	S	1.2010110	- months			
NAME	MICHAEL POLLER		arta Burk	Same	to a second of	
STREET ADDRESS CITY-ST-ZIP	8205 NW 30 TERR				in the second of	
TITLE	MIAMI, FL 33122	<del></del>	-	Sarah da Sangan Sa	, , , , , , , , , , , , , , , , , , , ,	
NAME	POLLER, ROBERT		1. H		<b>U</b> 0000078842	9
STREET ADDRESS	8205 NW 30 TERR		19 (2) Sec. 1	017	18/03-80042	-004,150.00
CITY-ST-ZIP	MIAMI, FL 33122					
TITLE			age of the c	September 1981		
NAME STREET ADDRESS				e eg		
CITY-ST-ZIP	]		6 48	DO NO	OT WRIT	<b>'E</b> ' '' ''
TITLE		<del></del>	The state of		S SPAC	A CONTRACTOR OF THE CONTRACTOR
NAME					3 SPAC	
STREET ADDRESS CITY ST-ZIP				er in dental		
<del></del>			- Parator	$\mathcal{V}_{\alpha} \otimes \mathbb{Q}^{n \cdot \frac{1}{2}} \otimes \mathbb{Q} = \mathbb{Q}^{n \cdot \frac{1}{2}}$	The many of	1. 1. 1. 1. 1. 1. 1.
TITLE						•

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 eath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER ON DIRECTOR

1/10/08

305470800

Daytime Phone #