

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2006 8:00 am
Secretary of State**

04-24-2006 90463 031 ***150.00

DOCUMENT # 602784	
1. Entity Name JAMES F. POLLACK, P.A.	

Principal Place of Business 1025 ANASTASIA AVE CORAL GABLES, FL 33134 US	Mailing Address 1025 ANASTASIA AVE CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1348163	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POLLACK, JAMES F
1025 ANASTASIA AVE
CORAL GABLES, FL 33134**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLLACK, JAMES F 1025 ANASTASIA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POLLACK, DAVID H 540 BRICKELL KEY DRIVE, SUITE C-1 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 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 employment.

SIGNATURE: *James F. Pollack* **5/10/06** **(305) 443-6134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #