2008 FOR PROFIT CORPORATION

FILED Jan 22, 2008 8:00 am

ANNUAL REPORT									Secretary of State				
DOCUMENT #642838									ı	01-22-2008	90075 0	05 ***150.	.00
1. Entity Name POLINVESTMENT CORPORATION													
FOLITALOT WILLIAM CONTONATION									_				
Principal Place of Business				Mailing A			400						
1200 BRICKELL AVE				1200 BRICKELL AVE									
1440 Miami, FL 33131 US				1440 MIAMI, FL 33131 US									
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.									
									01032008	Chg-P	CR2	E034 (12/06)	
City & State				City & State					4. FEI Number 65-0325				oplied For ot Applicable
Zip	Country			Zip Count			ntry		5. Certificate of	of Status Desired	a 🗀	\$8.75 Add Fee Require	ditional ed
	6. Name	and Address	of Current R	egistered A			7. Name and /	Address of New	v Registere	d Agent	•••		
CASTRO,	CARLOS	ESQ.	Name				0ct	Octavio Maza					
1200 BRICKELL AVE							Street Address (P.O. Box Number is Not Acceptable) 781 Crandon Blvd., Apt. 302						
STE 1440 MIAMI, FL	33131							70.	<u>. Oranaçı</u>	. Diva.,	npc.	302	
							City		n :		F	Zip Cod	e
8. The above	named entit	y submits this ;	atement for	he perpose	of changing its	register	ed office or reg	Ke; gistere	y Biscayı ed agent. or both	1e i, in the State of	_	- 100143	
	ions of regis		_/	7	^	١,			1		,	, 1	
SIGNATURE Sonature, repeated principal name of recommending and plant applicable (ADDIE Registere								VS Galified v	where remostationals		X I	15 08	
		- 	$\overline{}$									Pinton	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.													
						T 44			40501710110110		5510500	- AIGE 0703	• • • • • • • • • • • • • • • • • • • •
10. TITLE	PD	OFF	CERS AND D	HECTURS	☐ Delete	11.	<u> </u>		ADDITIONS/C	CHANGES TO O	PERIORNS A	Change	Addition
NAME	MAZA, ARISTIDES			NAME								_ ,	
STREET ADDRESS CITY-ST-ZIP	l	CKELL AVE,	STE 1440	• · · · · · · · · · · · · · · · · · · ·			ET ADDRESS - ST- ZIP						
TITLE	MIAMI, FL 33131 VSD			□ Delete TITLE								☐ Change	Addition
NAME	MAZA, OCTAVIO			NAM			E						_
STREET ADDRESS CITY-ST-ZIP	1200 BRICKELL AVE, STE 1440 MIAMI, FL 33131						ET ADORESS - ST- ZIP						
TITLE	D			☐ Delete 117			E					Change	Addition
NAME STREET ADDRESS	l '	RISTIDĖS JR CKELL AVE,		NAM			ET AODRESS						
CITY-ST-ZIP	MIAMI, FL		312 1440				-ST-ZIP						
TITLE					☐ Delete	TITL	E					☐ Change	Addition
NAME						NAM	-						:
STREET ADDRESS :							ET ADDRESS - ST - ZIP						
TITLE	 -				☐ Delete	TITLI	£					☐ Change	☐ Addition
NAME						NAM	-						
STREET ADDRESS CITY+ST-ZIP							ET ADDRESS - ST- ZIP						
TITLE					☐ Delete	TITL						Change	Addition
NAME						NAM							
STREET ADDRESS CITY-ST-ZIP							ET ADDRESS -ST-ZIP						
48 15	certify that the	e information si	upplied with ti	his filing dor	es not quality to	or the exi	emptions conti ture shall have	ained the s	in Chapter 119, ame legal effect	Florida Statutes	s. I further c	ertify that the in	nformation or director
Interest certify that me information supplied with this limit does not quality for the exemptions contained in ordinate in the information indicated on this report or suppliement report is true and accurate and that my signature shall have the same legal effect as if made under ordin; that I am an officer or director of the corporation or the receiver or frustee/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 also ber the empowered.													
SIGNATURE: X OCTAVIO MATA KOX 1 15 08 4 540 4296060													296060
SIGNAI	UKE: J	SIGNATURE	ND TYPED OR PR	INTERNAME OF	SIGNING OFFICER	OR DIRECT	TOR 1	77	W-0 ,	Dalo	y	Daytime Phone 4	