


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 829513 1. Entity Name POLCAR PROPERTIES N.V.	
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Principal Place of Business 201 SEVILLA AVENUE SUITE 301 CORAL GABLES, FL 33134	Mailing Address 201 SEVILLA AVENUE SUITE 301 CORAL GABLES, FL 33134
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0018231	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAGES, MARIO A. 201 SEVILLA AVE., SUITE 301 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 CARVAJAL, LEONARDO 201 SEVILLA AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVAJAL, POLA 201 SEVILLA AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAGES, MARIO A. 201 SEVILLA AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGES, ROBERTO 201 SEVILLA AVENUE STE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/22/07-80004-014 150.00

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 empowered.

SIGNATURE:  **Mario A. Pages** **April 25, 2007** **305.4438665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #