## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000454

Entity Name: POLK MANAGEMENT INC.

NORTH HILLS, NY 11030

City-St-Zip:

FILED Aug 03, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LLINS AVENU	E			
2105 SUNNY IS	LES BEACH, F	FL 33160			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P O BOX 1265 BELLMORE, NJ 11710			P O BOX 1245 BELLMORE, NY 1171	P O BOX 1245 BELLMORE, NY 11710	
FEI Number:	: 22-2497648	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
#908 AVENTUR The above in the State	90TH STREET A, FL 33180 named entity of the of Florida.	US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Age	ant	 Date	
Election Car	ce with s. 607.19	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KHAZZAM, ALF 18 BRISTOL DI NORTH HILLS,	R NY 11030	Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VPC ( ) KHAZZAM, ALF 18 BRISTOL D		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED KHAZZAM PST 08/03/2009