

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000454

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** POLK MANAGEMENT INC.

**Current Principal Place of Business:**

19111 COLLINS AVENUE  
2105  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

3370 NE 190TH STREET  
908  
AVENTURA, FL 33180

**Current Mailing Address:**

P O BOX 1245  
BELLMORE, NY 11710

**New Mailing Address:**

**FEI Number:** 22-2497648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFRED KHAZZAM  
3370 NE 190TH STREET  
#908  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: KHAZZAM, ALFRED  
Address: 18 BRISTOL DR  
City-St-Zip: NORTH HILLS, NY 11030

Title: VPC  
Name: KHAZZAM, ALFRED  
Address: 18 BRISTOL DR  
City-St-Zip: NORTH HILLS, NY 11030

I hereby 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 all other like empowered.

SIGNATURE: ALFRED KHAZZAM

PST

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date