
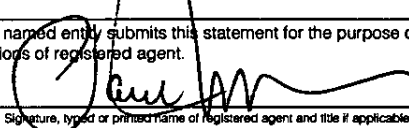
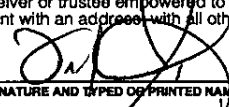


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90300 036 \*\*\*150.00

<b>DOCUMENT # H83404</b> 1. Entity Name <b>POLYFACT, INC.</b>			
Principal Place of Business <b>2300 PALM BEACH LAKES BLVD.</b> <b>#206</b> <b>WEST PALM BEACH, FL 33409 US</b>		Mailing Address <b>946 S PATRICK CIRCLE</b> <b>% PAUL J. NICOLETTI</b> <b>WEST PALM BEACH, FL 33406</b>	
2. Principal Place of Business <b>2300 Palm Beach Lakes Blvd</b> Suite, Apt. #, etc. <b>206</b>		3. Mailing Address <b>625 N. Flagler Dr.</b> Suite, Apt. #, etc. <b>9th Floor</b>	
City & State <b>West Palm Beach, FL</b> Zip <b>33409</b> Country <b>U.S.A.</b>		City & State <b>West Palm Bch. FL</b> Zip <b>33401</b> Country <b>USA</b>	
4. FEI Number <b>59-2598805</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NICOLETTI, PAUL J.</b> <b>946 S PATRICK CIRCLE</b> <b>WEST PALM BEACH, FL 33406</b>		7. Name and Address of New Registered Agent Name <b>Paul J. Nicoletti</b> Street Address (P.O. Box Number is Not Acceptable) <b>625 N. Flagler Dr., 9th Floor</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>	
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  DATE <b>3/25/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SANCHEZ, FRED 2300 PALM BCH LKS #215 W. PALM BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, DIANE 2300 PALM BCH LKS #215 W. PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date <b>4/7/2004</b> Daytime Phone # <b>561 683 9604</b>	