


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90081 006 ***150.00

DOCUMENT # K65507 1. Entity Name POLY-CHEM CORP.					
Principal Place of Business 8675 NW 53 STREET SUITE 126 MIAMI, FL 33166 US			Mailing Address 8675 NW 53 STREET SUITE 126 MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box # 8405 N.W 53 Street		3. Mailing Address 8405 N.W 53 Street			
Suite, Apt. #, etc. Suite A-203		Suite, Apt. #, etc. Suite A-203			
City & State Doral, FL		City & State Doral, FL			
Zip 33166	Country USA	Zip 33166	Country USA	4. FEI Number 65-0101108	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, CARLOS F 8675 NW 53 STREET SUITE 126 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name DIAZ, CARLOS F Street Address (P.O. Box Number is Not Acceptable) 8405 N.W 53 Street Ste A-203 City Doral FL Zip Code 33166		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DIAZ, CARLOS F 1801 FAIRHAVEN PLACE MIAMI, FL 33133		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/20/7 Daytime Phone # 305-593-1928		

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