FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90205 022 ***150.00

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19729

1. Entity Name
POLEX CORPORATION, INC.

24071229

Principal Place of Business	Mailing Address
16485 COLLINS AVENUE BLDG 3 APT. 1938 MIAMI BEACH FL 33160 US	P.O. BOX 546083 SURFSIDE FL 33154 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16300 NE 19 AVE	
Suite, Apt. #, etc. Ste 202	Suite, Apt. #, etc.
City & State No. Miami Beach, FL	City & State
Zip 33162 Country USA	Zip Country

4. FEI Number 65-0146697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARINELLO, GUSTAVO 1001 91ST #402 BAY HARBOR FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTDS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PENNA, JORGE	NAME	
STREET ADDRESS	16485 COLLINS AVENUE APT 1938 BLDG 3	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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*

SIGNATURE: SIGNATURE REQUIRED 4/30/04 305 864 9354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #