


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90001 008 ***150.00

DOCUMENT # L19729 1. Entity Name POLEX CORPORATION, INC.	
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Principal Place of Business 16300 NE 19 AVE STE 202 NORTH MIAMI BEACH, FL 33162 US	Mailing Address P.O. BOX 546083 SURFSIDE, FL 33154 US
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20060943

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0146697		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARINELLO, GUSTAVO 1001 91ST #402 BAY HARBOR, FL 33154		7. Name and Address of New Registered Agent 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PENNA, JORGE 16485 COLLINS AVENUE APT 1936 BLDG 3 MIAMI BEACH, 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	<input type="checkbox"/> Delete	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"/> 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:  **6/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA CORPORATION DIVISION
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302

ATTACHMENT

20060943

REQUEST FOR REINSTATEMENT OF POLEX CORPORATION L19729
AND WAIVING OF LATE FEE.

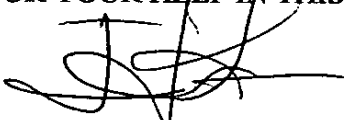
DEAR SIR OR MADAM:

I AM ENCLDISNG THE RENWAL FORM AND LATE FEE FOR
POLEX CORPORATION DOCUMENT #L19729 AND A CHECK FOR 150.00.

PLEASE BE ADVISED THAT I DID NOT RECEIVE ANY NOTICE OF RENEWAL
FOR MY CORPORATION WHICH YOU CAN SEE FROM THE RECORD ON
HAND I HAVE ALWAYS PAID TIMELY. MU BUSINESS HAS CAISED THAT I
TRAVEL ON THE ROAD FOR LONG PERIODS. PRESENTLY I AM IN CHILE.

GOING THURGH MY CHECKBOOK MY BOOKEEPER CAUTIONED ME THAT
MY CORPORATE LICENSE HAD NOT BEEN RENEWED. KINDLY ACCEPT
THIS PAYMENT AND RESCIND THE PENALTY DUE TO THE FACT THAT TO
THIS DAY I HAVE NOT RECEIVED ANY RENEWAL NOTICE.

THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER.



JORGE PENNA
PRESIDENT DIRECTOR, POLEX CORP.
PO BOX 546083
SURFSIDE, FL 33154

ENCLOSURES:
EXPRESS MAIL FROM CHILE W
CHECK AND ANNUAL RENEW
APPLICATION

no
changes