


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90088 034 ***158.75

DOCUMENT # M09855
 1. Entity Name
POLARIS ENTERPRISES INC.




Principal Place of Business Mailing Address
 12556 W. ATLANTIC BLVD. 12556 W. ATLANTIC BLVD.
 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-4085
 US US

2. Principal Place of Business 3. Mailing Address
12556 W. ATLANTIC BLVD *SAME AS #2*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CORAL SPRINGS - FL *FL*

Zip Country Zip Country
33071 *FLORIDA*

SECRET



MOORE CR2E034 (11/03)

4. FEI Number Applied For
59-2481868 Not Applicable

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

6. Name and Address of Current Registered Agent
COHEN, AVIVA
 12129 NW 9TH PL
 CORAL SPRINGS FL 33071

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]* DATE: *1/26/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS COHEN, AVIVA 12556 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 prepare 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: *[Signature]* DATE: *1/26/04* DAYTIME PHONE #: *954 733 3030*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR