


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 08:00 AM
Secretary of State

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 US CORAL SPRINGS, FL 33071-4085 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2481868	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COHEN, AVIVA
 12128 NW 9TH PL
 CORAL SPRINGS, FL 33071

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7. 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: **1/6/05**

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, 2005 Fee will be \$550.00

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
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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)(f), 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 lists empowered.

SIGNATURE: *[Signature]* DATE: **1/6/05** DAYTIME PHONE #: **9547537070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR