


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 037 ***158.75

DOCUMENT # M87500 1. Entity Name POLYMER COMPOUNDS, INC.					
Principal Place of Business 1320 S DIXIE HWY SUITE 701 CORAL GABLES, FL 33146 US			Mailing Address 1320 S DIXIE HWY SUITE 701 CORAL GABLES, FL 33146 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08182004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0067586				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENE V. MURAI 25 S.E. SECOND AVE. SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: Owen S. Freed Street Address (P.O. Box Number is Not Acceptable): Museum Tower 150 West Flagler St., Suite 2200 City: Miami FL Zip Code: 33130		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: XAVIER, SIMON STREET ADDRESS: 1320 S DIXIE HWY, STE 701 CITY-ST-ZIP: CORAL GABLES, FL	<input type="checkbox"/> Delete <i>Change</i>		TITLE: P, D NAME: SIMON, XAVIER STREET ADDRESS: 1320 S. Dixie Hwy, Ste 701 CITY-ST-ZIP: Coral Gables, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: SIMON, JAIME STREET ADDRESS: 1320 S DIXIE HWY., STE 701 CITY-ST-ZIP: CORAL GABLES, FL	<input type="checkbox"/> Delete <i>CHANGE</i>		TITLE: VP, S, D NAME: SIMON, JAIME STREET ADDRESS: 1320 S. Dixie Hwy., Ste. 701 CITY-ST-ZIP: Coral Gables, FL. 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: VP, T, D NAME: NATH, LUIS STREET ADDRESS: 1320 S. Dixie Hwy., Ste. 701 CITY-ST-ZIP: Coral Gables, FL. 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: Asst S, Asst T NAME: Owen S. Freed STREET ADDRESS: 150 West Flagler St., Ste. 2200 CITY-ST-ZIP: Miami, Fl. 33130	<input type="checkbox"/> Change <input checked="" 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	
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: <i>[Signature]</i> OWEN S. FREED			Date: <i>8/20/04</i> Daytime Phone #: <i>305-789-3456</i>		