2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P00000044447

Entity Name: POLLEX MANAGEMENT, INC.

Current Principal Place of Business:

6700 N ANDREWS AVE.
#401
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

16375 NE 18 AVENUE
#330
NORTH MIAMI BEACH, FL 331624787

Current Mailing Address:

BLOOM & ASS. 16375 NE 18TH AVE.
SUITE 330
NORTH MIAMI BEACH, FL 331624787

New Mailing Address:

BLOOM & ASS. ;16375 NE 18TH AVE.
SUITE 330
NORTH MIAMI BEACH, FL 331624787

FEI Number: 65-1010284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STUART L. BLOOM, BLOOM & ASS. INC.
7061 VIA MEDITERRANIA
BOCA RATON, FL 33433

Name and Address of New Registered Agent:

STUART L. BLOOM, BLOOM & ASS. INC.
16375 NE 18 AVENUE
#330
NORTH MIAMI BEACH, FL 331624787

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.

SIGNATURE: STUART L BLOOM 01/07/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: BLIX, HANS O
Address: HOLTVEIEN 49
City-St-Zip: 1177 OSLO, NORWAY,

Title: VP ( ) Delete
Name: HEGGIM, ODD
Address: PO BOX 1673 VIKA
City-St-Zip: OOLO, NORWAY, NW 0120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANS O BLIX PRES 01/07/2004
Electronic Signature of Signing Officer or Director — Date