


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91067 012 \*\*\*150.00

<b>DOCUMENT # P01000017856</b> 1. Entity Name <b>POLLY PROPERTIES, INC.</b>					
Principal Place of Business <b>1405 POINSETTIA DRIVE #1 DELRAY BEACH, FL 33444</b>			Mailing Address <b>PROSPERI COMPANY 1405 POINSETTIA DRIVE #1 DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business <b>1300 WALLACE DRIVE</b>		3. Mailing Address <b>1300 WALLACE DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1079778</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>PROSPERI, CLAUDETTE 645 LAKE ST. BOYNTON BEACH, FL 33435</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PROSPERI, CLAUDETTE</b> <b>645 LAKE STREET</b> <b>BOYNTON BEACH, FL 33435</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PROSPERI, JOSPEH</b> <b>645 LAKE STREET</b> <b>BOYNTON BEACH, FL 33435</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>CLAUDETTE PROSPERI</b> <i>Claudette Prosperi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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