

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State


02-01-2005 90026 038 ***150.00

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DOCUMENT # P01000099164

1. Entity Name
POLSEC, INC.



Principal Place of Business Mailing Address
1175 NE 125TH STE SUITE 415 **1175 NE 125TH STE SUITE 415**
N MIAMI, FL 33161 **N MIAMI, FL 33161**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1157949 Applied For
 Not Applicable

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

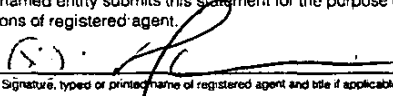
6. Name and Address of Current Registered Agent

DE QUEIROZ, RENATO WERNER V
7441 WAYNE AVE #4J
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name **Cerceau, Marcia C**
 Street Address (P.O. Box Number is Not Acceptable)
1175 NE 125th St. Suite 415
 City **North Miami** **FL** Zip Code **33161**

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:  **Marcia C. Cerceau** **1-24-2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE QUEIROZ, RENATO WERNER V 7441 WAYNE AVE #4J MIAMI BEACH, FL 33141 <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	VP CERCEAU, MARCIA C 7441 WAYNE AVE APT 4J MIAMI BEACH, FL 331412542 <input checked="" 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
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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:  **Marcia C. Cerceau** **1-24-05 (305) 891-5799**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #