
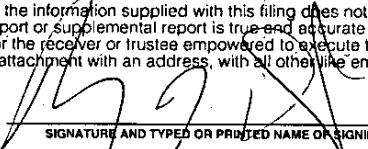


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90399 016 \*\*\*150.00

DOCUMENT # P02000007779					
1. Entity Name P.O.L., INC.					
Principal Place of Business 2500 WESTON ROAD SUITE 404 WESTON, FL 33331		Mailing Address 2500 WESTON ROAD SUITE 404 WESTON, FL 33331			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0621722	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEGAL INFORMATION SERVICES, INC. 2500 WESTON ROAD SUITE 404 WESTON, FL 33331			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing, <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PILELSKY, ANNETTE	NAME			
STREET ADDRESS	2500 WESTON ROAD, SUITE 404	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PILELSKY, HERB	NAME			
STREET ADDRESS	2500 WESTON ROAD, SUITE 404	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PILELSKY, ELLEN B	NAME			
STREET ADDRESS	2500 WESTON ROAD, SUITE 404	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OPPENHEIM, ROY D	NAME			
STREET ADDRESS	2500 WESTON ROAD, SUITE 404	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, RHODA	NAME			
STREET ADDRESS	2500 WESTON RD STE 404	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, BARRY	NAME			
STREET ADDRESS	2500 WESTON ROAD, SUITE 404	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP			
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: 			Date: 4/15/05 Daytime Phone #: 954-384-6114		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					