

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **PO2000038267**

1. Entity Name  
**POLARIS 3 SURVEYORS & MAPPERS, INC**



FILED  
04 OCT -1 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address



2. Principal Place of Business  
**3900 NW 7th AVE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**322**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

Zip  
**33166** Country  
**USA**

Zip Country

05182004 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent

4. FEI Number  
**43-M60885**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**RAUL IZQUIERDA**

Street Address (P.O. Box Number is Not Acceptable)  
**11880 SW 46 ST**

City  
**MIAMI** FL Zip Code  
**33175**

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: **[Signature]** Date: **9/30/04**

(NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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

TITLE <b>(P)</b>	NAME <b>RAUL IZQUIERDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>11880 SW 46 ST</b>		
CITY-STATE-ZIP <b>MIAMI FL 33175</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>900041638059</b>	<b>10/06/04--01024--020</b>	<b>**550.00</b>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-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: **[Signature]** Date: **9/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR