
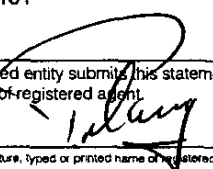
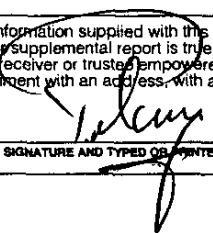


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90007 014 \*\*\*150.00

<b>DOCUMENT # P02000051036</b> 1. Entity Name <b>MYPOLANY INVESTMENTS, INC.</b>			
Principal Place of Business <b>5500 COLLINS AVE., #1501 APT. 1501 MIAMI BEACH, FL 33140</b>		Mailing Address <b>5500 COLLINS AVE., #1501 APT. 1501 MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business <b>1900 SUNSET HARBOUR DRIVE Suite, Apt. #, etc. PH #4</b>		3. Mailing Address <b>1900 SUNSET HARBOUR DRIVE Suite, Apt. #, etc. PH #4</b>	
City & State <b>MIAMI BEACH</b>		City & State <b>MIAMI BEACH</b>	
Zip <b>33139</b>		Zip <b>33139</b>	
Country 		Country 	
4. FEI Number <b>37-1466240</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARON, RICHARD ESQ. 11077 BISCAYNE BLVD. STE. 307 MIAMI, FL 33161</b>		7. Name and Address of New Registered Agent  Name <b>POLANY, JEROME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 SUNSET HARBOUR DRIVE, PH4</b> City <b>MIAMI BEACH</b> FL <b>33139</b>	
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 <b>8/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>POLANY, JEROME 5500 COLLINS AVE., #1501 MIAMI BEACH, FL 33140</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>POLANY, JEROME 1900 SUNSET HARBOUR DRIVE, PH #4 MIAMI BEACH, FL 33139</b>
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
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
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
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
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: 		Date <b>8/2/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	