

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 048 ***150.00

DOCUMENT # P02000121399

1. Entity Name

POLARIS, INC.



Principal Place of Business

11231 HERON BAY BLVD AT 3621
CORAL SPRINGS FL 33076

Mailing Address

11231 HERON BAY BLVD AT 3621
CORAL SPRINGS FL 33076



2. Principal Place of Business

6584 VIA Alfieri

3. Mailing Address

6584 VIA Alfieri

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

01-0752819

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALIN, PAUL
11231 HERON BAY BLVD AT 3621
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name MALIN, PAUL
Street Address (P.O. Box Number is Not Acceptable)
6584 VIA Alfieri

City

Lake Worth

FL

Zip

33467

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MALIN, PAUL
STREET ADDRESS 11231 HERON BAY BLVD AT 3621
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D ☐ Delete
NAME MALIN, JESSE
STREET ADDRESS 81-83 RIVINGTON ST
CITY-ST-ZIP NEW YORK NY 10003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D MALIN, PAUL ☒ Change ☐ Addition
NAME
STREET ADDRESS 6584 VIA Alfieri
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D MALIN, JESSE ☒ Change ☐ Addition
NAME
STREET ADDRESS 504 GRAND ST
CITY-ST-ZIP NEW YORK NY 10001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL MALIN 2/28/05 561-840-4762