

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000038703

1. Entity Name
PASHA POLSKA, INC.



Principal Place of Business
7763 GLADES RD.
BOCA RATON, FL 33434

Mailing Address
7763 GLADES RD.
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

**FILED
Mar 09, 2006 08:00 AM
Secretary of State**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0457820	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COHEN, P
7763 GLADES ROAD
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME COHEN, P
STREET ADDRESS 7763 GLADES ROAD
CITY-ST-ZIP BOCA RATON, FL 33434

000000461163
03/20/06-80036-023 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

P. Cohen 2-2-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #