

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90027 021 ***163.75

DOCUMENT # P04000040675

1. Entity Name
POLYMAN INSURANCE CORP.



Principal Place of Business
**6540 W 12 LN
HIALEAH, FL 33012**

Mailing Address
**6540 W 12 LN
HIALEAH, FL 33012**



2. Principal Place of Business
**11111 Biscayne Blvd #1807
Suite, Apt. #, etc.
N MIAMI, Florida
City & State
33181 USA**

3. Mailing Address
**SAAE
Suite, Apt. #, etc.
City & State
Zip Country**

07072006 Chg-P CR2E034 (11/05)

4. FEI Number
34-1986121 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBIO, RAFAEL
6540 W 12 LN
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name **Rubio, Rafael**
Street Address (P.O. Box Number is Not Acceptable)
**11111 Biscayne Blvd #1807
N MIAMI, FL 33181**
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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, RAFAEL	
STREET ADDRESS	6540 W 12 LN	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, ANA M	
STREET ADDRESS	6540 W 12 LN	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Rubio, Rafael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11111 Biscayne Blvd #1807	
CITY-ST-ZIP	N MIAMI, FL 33181	
TITLE	D Rubio ANA M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11111 Biscayne Blvd #1807	
CITY-ST-ZIP	N MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

7/11/06

305-895-0023