

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 049 \*\*\*550.00

<b>DOCUMENT # P05000145986</b> 1. Entity Name WILLIAM S. POLLAK, P.A.																																			
Principal Place of Business 44 W. FLAGLER ST. STE. 1700 MIAMI, FL 33130-6817		Mailing Address 44 W. FLAGLER ST. STE. 1700 MIAMI, FL 33130-6817																																	
2. Principal Place of Business 19 W. Flagler St. Suite, Apt. #, etc. Ste 6070 City & State 33130-4408 Country		3. Mailing Address 19 W. Flagler St. Suite, Apt. #, etc. Ste 6070 City & State 33130-4408 Country																																	
4. FEI Number 42-1683146		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent POLLAK, WILLIAM S 44 W. FLAGLER ST. STE. 1700 MIAMI, FL 33130-6817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19 W. Flagler St. Ste - 6070 City FL Zip Code 33130-4408																																	
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: <u>William S. Pollak</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">           PSTD            POLLAK, WILLIAM S            44 W. FLAGLER ST., STE. 1700            MIAMI, FL 331306817           <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD POLLAK, WILLIAM S 44 W. FLAGLER ST., STE. 1700 MIAMI, FL 331306817 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            19 W. Flagler St., Ste. 6070            33130-4408         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 W. Flagler St., Ste. 6070 33130-4408														
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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: <u>William S. Pollak</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>305/358-5088</u> <small>Daytime Phone #</small>																																	