


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 002 ***150.00

DOCUMENT # P06000121031	
1. Entity Name POLO SUR SERVICES, INC.	

Principal Place of Business 18900 BELMONT DR. MIAMI, FL 33157 US	Mailing Address 18900 BELMONT DR. MIAMI, FL 33157 US
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40057799

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
RAMIREZ, RICARDO J SR. 14418 SW 142 COURT MIAMI, FL 33186	

7. Name and Address of New Registered Agent	
Name: <u>Licett Oquendo</u>	
Street Address (P.O. Box Number is Not Acceptable): <u>18900 BELMONT DR.</u>	
City: <u>Mia</u>	
City	FL Zip Code <u>33157</u>

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>Licett Oquendo</u>	DATE: <u>4-8-07</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	OQUENDO, LICETT
STREET ADDRESS	18900 BELMONT DR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP <input type="checkbox"/> Delete
NAME	DUME, CHRISTIAN F SR
STREET ADDRESS	18900 BELMONT DR
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> Delete
NAME	OQUENDO, SIXTO SR
STREET ADDRESS	18900 BELMONT DR
CITY-ST-ZIP	MIAMI, FL 33157
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	<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	
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 all other like empowered.	
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SIGNATURE: <u>[Signature]</u>	DATE: <u>4/8/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	