

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121031

Entity Name: POLO SUR SERVICES, INC.

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

18900 BELMONT DR.
MIAMI,, FL 33157 US

New Principal Place of Business:

18505 SW 104 AVE BAY # 30
CUTLER BAY, FL 33157 US

Current Mailing Address:

18900 BELMONT DR.
MIAMI,, FL 33157 US

New Mailing Address:

18505 SW 104 AVE BAY # 30
CUTLER BAY, FL 33157 US

FEI Number: 83-0465284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGVEND, LICETT
18900 BELMONT DR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

OQUENDO, LICETT
18505 SW 104 AVE BAY # 30
CUTLER BAY, FL 33157 US

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.

SIGNATURE: LICETT OQUENDO

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OQUENDO, LICETT
Address: 18900 BELMONT DR
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Delete
Name: DUME, CHRISTIAN F SR
Address: 18900 BELMONT DR
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: OQUENDO, SIXTO SR
Address: 18900 BELMONT DR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OQUENDO, LICETT
Address: 18505 SW 104 AVE BAY # 30
City-St-Zip: CUTLER BAY, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LICETT OQUENDO

P

01/15/2008

Electronic Signature of Signing Officer or Director

Date