

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

04-14-2008 90044 028 ***158.75

DOCUMENT # P07000071162 1. Entity Name POLLSTATE PROPERTIES, INC.			
Principal Place of Business 2001 S. MIAMI AVENUE MIAMI, FL 33129		Mailing Address 2001 S. MIAMI AVENUE MIAMI, FL 33129	
2. Principal Place of Business, No P.O. Box # 2250 Brickell Ave		3. Mailing Address 2250 Brickell Ave	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1	
City & State Miami, FL		City & State Miami FL	
Zip 33129		Zip 33129	
Country USA		Country U.S.A	
4. FEI Number 26-2527108		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINA, VILMA 2201 S. MIAMI AVENUE MIAMI, FL 33129		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 reissuing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE POLL, VILMA S 2001 S. MIAMI AVENUE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2250 Brickell Ave, #1 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLL S., CARMEN 2001 S. MIAMI AVENUE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2250 Brickell Ave, #1 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POLL S., JANETT 2001 S. MIAMI AVENUE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2250 Brickell Ave, #1 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:		Date: 5-1-08 Daytime Phone #: 305-856-5559	