

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN -4 PM 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P11000079192</b> 1. Entity Name <b>NANCY POLTORATSKY PA</b>	
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Principal Place of Business <b>6151 SW 86 STREET MIAMI, FL 33143</b>	Mailing Address <b>6151 SW 86 STREET MIAMI, FL 33143</b>
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2. Principal Place of Business - No P.O. Box # <b>P.O. Box 430049</b>	3. Mailing Address Suite, Apt #, etc.
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City, State <b>Miami, FLA</b>	City & State Suite, Apt. #, etc.	4. FEI Number Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>POLTORATSKY, NANCY 6151 SW 86 STREET MIAMI, FL 33143</b> <i>conriet</i>	7. Name and Address of New Registered Agent Name <b>NANCY POLTORATSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6151 SW 86 ST</b> City <b>Miami, FLA</b> <b>FL</b> Zip Code <b>33143</b>
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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: *Nancy Poltoratsky* DATE: 5/27/12

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	POLTORATSKY, NANCY	NAME	
STREET ADDRESS	6151 SW 86 STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33143	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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.

SIGNATURE: *Nancy Poltoratsky* DATE: 5/27/12 E-MAIL ADDRESS: nancy.pse@gmail.com