

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91034 042 ***150.00

DOCUMENT # P92000011220 1. Entity Name POLLAK LEATHERS, INC.			
Principal Place of Business 1980 S OCEAN DR #17-D HALLANDALE, FL 33009		Mailing Address 1980 S OCEAN DR #17-D HALLANDALE, FL 33009	
2. Principal Place of Business 4001 50 OCEAN DR Suite, Apt. #, etc. # 10M City & State HOLLYWOOD FL Zip 33019 Country US		3. Mailing Address 4001 50 OCEAN DR Suite, Apt. #, etc. # 10M City & State HOLLYWOOD FL Zip 33019 Country US	
04062004 Chg-P CR2E034 (10/03)		4. FEI Number 13-2556523	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POLLAK, RHEA 1980 S OCEAN DR #17D HALLANDALE, FL 33309		7. Name and Address of New Registered Agent Name EDYTHE PENNY WARNER Street Address (P.O. Box Number is Not Acceptable) 4001 50 OCEAN DR #10M City HOLLYWOOD FL Zip Code 33019	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 POLLAK, RHEA 1980 S OCEAN DR #17-D HALANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDYTHE PENNY WARNER 4001 50 OCEAN DR #10M HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Edythe Warner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	