

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90223 005 ***150.00

DOCUMENT # P95000090125

1. Entity Name

POLARIN U.S.A., INC.



Principal Place of Business

2712 NE 25TH STREET
OCALA FL 34470
US

Mailing Address

2712 NE 25TH STREET
OCALA FL 34470
US

2. Principal Place of Business

3001 SE LAKE WEIR AVE.

Suite, Apt. #, etc.
103

3. Mailing Address

P.O. Box 6479

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

65-0620591

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34478

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEKER, CARLOS
2712 NE 25TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

CARLOS CHEKER

Street Address (P.O. Box Number is Not Acceptable)

3001 SE LAKE WEIR AVE. #103

City

OCALA

FL

Zip Code

34471

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHEKER, CARLOS
STREET ADDRESS 2712 NE 25TH STREET 3001 SE LAKE WEIR AVE
CITY-ST-ZIP Ocala FL 34470 #103
OCALA, FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 352-861-6939

Date

Daytime Phone #