## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								FLEU					
DOCUMENT # P97000025808  1. Entity Name POLVERARI, INC.								DIVISION OF COMPORATIONS					
FOEVERARI, INC.									97 MAY 23	AM II:	27		
Principal Plac	ce of Busines	s	Ma	iling Address									
2141 BLOUNT RD POMPANO BEACH, FL 33069				2141 BLOUNT RD POMPANO BEACH, FL 33069									
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				71211421116					
City & Stat	te			City & State				05022007 4. FEI Numbe	Chg-P	CR2E03	34 (12/06)	oplied For	
Zip Country				Zip Country				65-0738459 Not Applicable					
Ζήρ	Codinity			-ip				5. Certificate	of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
POLVERARI, GLEN W 2141 BLOUNT ROAD						Street Address (P.O. Box Number is Not Acceptable)							
POMPANO BEACH, FL 33069													
						City				FL	Zip Cod	ie	
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.								ed agent, or both	n, in the State of Flo		 amiliar with,	and accept	
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE													
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.													
10.		OFFICERS.	AND DIREC	TORS	11.			ADDITIONS/C	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	PD Delete TITUE POLVERARI, GLEN						Jic.	• C 177 <del>-</del>	nt Secret	ary	☐ Change	<b>⊠</b> , Addition	
STREET ADDRESS	TREET ADDRESS 2141 BLOUNT RD STRE						214	1 Blose	). Pazelt + Road				
TITLE	POMPANO BEACH, FL 33069 CITY-						(1/2)	asury / D	reach, 74	_, 33	୦6୩ □ Change	<b>⅓</b> Addition	
NAME				Delete	NAM	_	Ca	yla "a."	تعكرونط		☐ Change	Nontrion	
STREET ADDRESS CITY-ST-ZIP	STRE						_ `	1 Blount Dano Br	- Road	3306	, <b>9</b>		
TITLE NAME				☐ Delete	TITL					· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
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NAME STREET ADDRESS					NAM	_					C ourning	AGGIRA	
CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP					4	et address -st-zip							
TITLE		·		☐ Delete	TITLE		· -				☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM STRE	e Et address							
CITY-ST-ZIP					CITY	-ST-ZIP		**					
12. I hereby certify that the information supplied with this filling 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 truefe 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 a progress, with all other like empowered.  SIGNATURE:  PRESIDENT GLEN POLVERARI  21 30 200 +													
SIGNAT	URE:			NENT STE			ARI	<del></del>	4 30 20	07+ Day	dine Phone #		