

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 029 ***150.00

DOCUMENT # P98000036079

1. Entity Name

POLLUX INTERNATIONAL, INC.



Principal Place of Business

8177 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

Mailing Address

8177 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

Pollux International, Inc

2. Principal Place of Business - No P.O. Box #

8177 N. Atlantic AVE

3. Mailing Address

8177 N. Atlantic AVE

Suite, Apt. #, etc.

Suite 1 Church Street Center

Suite, Apt. #, etc.

Suite 1 Church Street Center

City & State

Cape Canaveral FL

City & State

Cape Canaveral FL

Zip

32920

Country

Brevard

Zip

32920

Country

Brevard

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3505839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC S. STEINBERG, P.A.
1980 NORTH ATLANTIC AVE
STE 405
COCOA BEACH FL 32931

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 - applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME KUBBE, GUNTER ☐ Delete
STREET ADDRESS 300 COLUMBIA DR APT 3401
CITY ST-ZIP CAPE CANAVERAL FL 32920

TITLE VD
NAME KUBBE, MARITA ☐ Delete
STREET ADDRESS 300 COLUMBIA DR APT 3401
CITY ST-ZIP CAPE CANAVERAL FL 32920

TITLE MD
NAME WAX, JEFFREY ☐ Delete
STREET ADDRESS 3873 S BANANA RIVER BLVD APT 402
CITY ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
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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:

JEFFREY WAX

Jeffrey Wax

2-6-07

321-868-1058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #