


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000036079</b>	
1. Entity Name <b>POLLUX INTERNATIONAL, INC.</b>	

Principal Place of Business <b>8177 N ATLANTIC AVE SUITE 1 CHURCH ST CENTER CAPE CANAVERAL, FL 32920</b>	Mailing Address <b>8177 N ATLANTIC AVE SUITE 1 CHURCH ST CENTER CAPE CANAVERAL, FL 32920</b>
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3505839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KUBBE, GUNTER 300 COLUMBIA DR APT 3401 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KUBBE, MARITA 300 COLUMBIA DR APT 3401 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD WAX, JEFFREY 3873 S BANANA RIVER BLVD APT 402 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:** Jeffrey Wax JEFFREY WAX 1-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #