

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 021 \*\*\*150.00

DOCUMENT # P99000055973

1. Entity Name  
POLAR AVIATION, INC.



Principal Place of Business

2601 BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE, FL 33133

Mailing Address

2601 BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE, FL 33133

2. Principal Place of Business

~~550 BILTMORE WAY~~  
Suite, Apt. #, etc.

3. Mailing Address

~~550 BILTMORE WAY~~  
Suite, Apt. #, etc.



01272004 Chg-P CR2E034 (10/03)

~~SUITE 700~~  
City & State

~~CORAL GABLES, FL~~

~~SUITE 700~~  
City & State

~~CORAL GABLES, FL~~

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

6. Name and Address of Current Registered Agent

ARROYAVE, OSCAR  
2601 BAYSHORE DRIVE  
SUITE 1400  
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name  
**NEALE J. POLLER**  
Street Address (P.O. Box Number is Not Acceptable)  
**550 BILTMORE WAY, SUITE 700**

City  
**CORAL GABLES** **FL** Zip Code  
**33134**

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 **NEALE J. POLLER**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
ABI-RAFEH, IBRAHIM  
4400 SHERIDAN ST  
HOLLYWOOD, FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
POLLER, NEALE J  
550 BILTMORE WAY STE 200  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ARROYANE, OSCOR  
2601 BAYSHORE DRIVE STE 1400  
COCONUT GROVE, FL 33133 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
ABI-RAFEH, IBRAHIM  
4400 SHERIDAN STREET  
HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

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

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **NEALE J. POLLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 305-529-2431