

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90040 030 \*\*\*150.00

**DOCUMENT # P99000055973**

1. Entity Name  
**POLAR AVIATION, INC.**



Principal Place of Business  
**550 BILTMORE WAY  
SUITE 700  
MIAMI, FL 33134**

Mailing Address  
**550 BILTMORE WAY  
SUITE 700  
MIAMI, FL 33134**

**40004821**



**DO NOT WRITE IN THIS SPACE**

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARROYAVE, OSCAR**  
**550 BILTMORE WAY  
SUITE 700  
MIAMI, FL 33134**

*POLLER, NEALE*

**DO NOT WRITE  
IN THIS SPACE**

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

*1/6/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VSTD
NAME	ABI-RAFEH, IBRAHIM
STREET ADDRESS	4400 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	POLLER, NEALE J
STREET ADDRESS	550 BILTMORE WAY STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	ARROYAVE, OSCOR
STREET ADDRESS	2601 BAYSHORE DRIVE STE 1400
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, DIR. 1/6/05 529-2931*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #