2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P99000055973

Entity Name: POLAR AVIATION, INC.

Current Principal Place of Business:

550 BILTMORE WAY
SUITE 700
MIAMI, FL 33134

New Principal Place of Business:

2937 SW 27TH AVENUE
SUITE 202
COCONUT GROVE, FL 33133

Current Mailing Address:

550 BILTMORE WAY
SUITE 700
MIAMI, FL 33134

New Mailing Address:

2937 SW 27TH AVENUE
SUITE 202
COCONUT GROVE, FL 33133

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLER, NEALE
550 BILTMORE WAY
SUITE 700
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

ARROYAVE, OSCAR P.A.
2937 SW 27TH AVENUE
SUITE 202
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: OSCAR ARROYAVE 01/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete
Name: ABI-RAFEH, IBRAHIM
Address: PO BOX 245218
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD ( ) Delete
Name: POLLER, NEALE J
Address: 550 BILTMORE WAY STE 700
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: ARROYAVE, OSCAR
Address: 2937 SW 27 AVE STE 202
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: STARNES, WILLIAM
Address: 4166 STAGHORN LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IBRAHIM ABI-RAFEH VSTD 01/14/2009
Electronic Signature of Signing Officer or Director Date