

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90345 040 \*\*\*150.00

**DOCUMENT # P99000095657**

1. Entity Name  
**DEBCAR, INC.**



Principal Place of Business  
**900 NW 17TH AVE., STE 202  
DELRAY BEACH, FL 33445 US**

Mailing Address  
**900 NW 17TH AVE., STE 202  
SUITE 278  
DELRAY BEACH, FL 33445 US**

**19010011**



2. Principal Place of Business

3. Mailing Address  
**900 NW 17th Ave., Ste 202**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State  
**Delray Beach, FL**

4. FEI Number

**65-0958197**

Applied For

Not Applicable

Zip

Country

Zip

**33445**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KORNBERG, JOEL MD JD PA  
7301A W PAMERIO PARICO 305C  
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name **Anthony Polera**

Street Address (P.O. Box Number is Not Acceptable)  
**900 NW 17th Ave Ste 202**

City **Delray Beach**

**FL**

Zip Code  
**33445**

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

**04.26.04**

**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  
**PVP  
POLERA, DEBRA  
5030 CHAMPION BLVD., SUITE 6-172  
BOCA RATON, FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
POLERA, DEBRA  
5030 CHAMPION BLVD #6-172  
BOCA RATON, FL 33496** ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**---** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP ST  
POLERA, DEBRA  
900 NW 17th Ave, Ste 202  
Delray Beach, FL 33445** ☒ 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

TITLE  
NAME  
STREET ADDRESS  
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:

**Debra Polera Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.21.04**

Date

**561.278.6800**

Daytime Phone #