2005/07/12 TUE 09:11 FAX SALANDRA & SERLUCA FAX No. 9

"RE-SUBMITTED AS RE

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
07-18-2005 90041 047 ***150.00

DOCUMENT # P99000100341

1. Entity Name
POLIVY ENTERPRISES, INC.

50055531

Principal Place of Business	Mailing Address
10908 BOCA WOODS LANE BOCA RATON, FL 33428	10908 BOCA WOODS LANE BOCA RATON, FL 33428

02012005 No Chg-P CR2E034 (1/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965531
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEONE, FREDERICK JR.
% ENGELBERG,CANTOR & LEONE,P.A.,3230 STIRLING RD.
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

6. 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: _____ DATE
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	POLIVY, BERNICE
STREET ADDRESS	10908 BOCA WOODS LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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: Bernice Polivy 7/11/05 561-479-0849
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

ATTACHMENT

50055-31

#P990001034

a note from...

DEAR SIR

This form was submitted in March. Since the check has not cleared I am afraid it was lost in the mail so I am resubmitting it.

Yours truly

Bernice Polivy

Bernice Polivy