2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017806

Title:

Name:

Address:

City-St-Zip:

FILED Apr 22, 2005 Secretary of State

Entity Nan	ne: PORTOFIN	NO SHORES BUILDERS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	NT ANDREWS ON, FL 33433	BLVD., SUITE 510			
Current Mailing Address:			New Mailing Address:		
	NT ANDREWS ON, FL 33433	BLVD., SUITE 510			
FEI Number:	68-0504576	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
7000 W PA STE 402	ELD, STEVEN E LMETTO PARI ON, FL 33433	(RD			
The above in the State		ubmits this statement for the po	urpose of changing it	s registered office or registered agent, or both,	
SIGNATUR					
Election Can		c Signature of Registered Age Trust Fund Contribution ().	nt	Date	
	AND DIRECT	, ,	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ABBO, FREDDY	Delete DREWS BLVD., SUITE 510 L 33433	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ABBO, LARRY	Delete DREWS BLVD., SUITE 510 L 33433	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ABBO, EDWARD	DREWS BLVD., SUITE 510	Title: Name: Address: City-St-Zip:	S (X) Change () Addition ABBO, EDWARD 21218 SAINT ANDREWS BLVD., SUITE 510 BOCA RATON, FL 33433	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

ABBO, EVA

BOCA RATON, FL 33433

SIGNATURE: LARRY ABBO **VPD** 04/22/2005

() Delete

BOCA RATON, FL 33433

21218 SAINT ANDREWS BLVD., SUITE 510

ABBO, EVA

(X) Change () Addition

21218 SAINT ANDREWS BLVD., SUITE 510