

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080559

FILED  
Mar 03, 2004  
Secretary of State

Entity Name: PORTOFINO ESTATES BUILDERS, INC.

**Current Principal Place of Business:**

21218 SAINT ANDREWS BLVD., SUITE 510  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21218 SAINT ANDREWS BLVD., SUITE 510  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 74-3057843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENFIELD, STEVEN B ESQ.  
7000 W. PALMETTO PARK RD., SUITE 402  
BOCA RATON, FL 33433      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABBO, FREDDY  
Address: 21218 SAINT ANDREWS BLVD., SUITE 510  
City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete  
Name: ABBO, LARRY  
Address: 21218 SAINT ANDREWS BLVD., SUITE 510  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: ABBO, EDWARD  
Address: 21218 SAINT ANDREWS BLVD., SUITE 510  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: ABBO, EVA  
Address: 21218 SAINT ANDREWS BLVD., SUITE 510  
City-St-Zip: BOCA RATON, FL 33433

**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 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.

SIGNATURE: LARRY ABBO

VD

03/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date