


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90002 028 \*\*\*158.75

**DOCUMENT # P04000038344**

1. Entity Name  
**PORFIN GROUP CORPORATION**



Principal Place of Business      Mailing Address  
 12284 SW 148 TER      12284 SW 148 TER  
 MIAMI, FL 33186      MIAMI, FL 33186

**50053123**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

05272005      Chg-P      CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**HERRANZ, CHRISTIAN**  
 12284 SW 148 TER  
 MIAMI, FL 33186

4. FEI Number      Applied For  
**20-0804689**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HERRANZ, CHRISTIAN	12284 SW 148 TER	MIAMI, FL 33186	<input type="checkbox"/>
DV	HERRANZ, SEBASTIAN	12284 SW 148 TER	MIAMI, FL 33186	<input type="checkbox"/>
DS	HOYOS, MARIA INES	12284 SW-148 TER	MIAMI, FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_