


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000076256
 1. Entity Name
 CURRAN K. PORTO, P.A.



Principal Place of Business: 1103 MARBELLA PLAZA DR. TAMPA, FL 33619
 Mailing Address: 1103 MARBELLA PLAZA DR. TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-3594471
 Applied For: Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 PORTO, CURRAN K
 1103 MARBELLA PLAZA DR.
 TAMPA, FL 33619

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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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | CURRAN, PORTO |
| STREET ADDRESS | 1103 MARBELLA PLAZA DR. |
| CITY-ST-ZIP | TAMPA, FL 33619 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/29/06-80033-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* X 4/11/06 X 813-258-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #