

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000021453

1. Entity Name

NEW PORT GROUP HOLDINGS INC.

Principal Place of Business c/o Jose A. Rodriguez, Esq.	Mailing Address c/o Jose A. Rodriguez, Esq.
2. Principal Place of Business 100 SE 2nd Street	3. Mailing Address 100 SE 2nd Street
Suite, Apt. #, etc. Suite 2900	Suite, Apt. #, etc. Suite 2900
City & State Miami, FL	City & State Miami, FL

66010262

DO NOT WRITE IN THIS SPACE

Zip 33131	Country US	Zip 33131	Country US	4. FEI Number 65-1083036	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 	7. Name and address of New Registered Agent Name Jose A. Rodriguez, Esq. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street Suite 2900 City Miami <div style="float: right;"> FL Zip 33131 </div>
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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.

SIGNATURE	4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

**FEE IS \$150.00
DUE BY MAY 1, 2005**

Make Check Payable to
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS		10. ADDITIONS/ CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete Remonda, Celia M 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Remonda, Celia M 100 SE 2nd Street, Suite 2900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete Remonda, Carolina D 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Miguel Remonda, Carolina 100 SE 2nd Street, Suite 2900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete Remonda, Mariana D 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Miguel Remonda, Mariana 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

4-11-05 305-423-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #