2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 852000

1. Entity Name
PORTERDALE CORPORATION N.V.

Principal Place of Business	Mailing Address
C/O WILLIAM P. MCCURRY, CPA	C/O WILLIAM P. MCCURRY, CPA
21301 POWERLINE ROAD, SUITE 204	21301 POWERLINE ROAD, SUITE 204
BOCA RATON, FL 33433	BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2160219	Not Applicable

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

6. Name and Address of Current Registered Agent

MCCURRY, WILLIAM P.
21301 POWERLINE RD. STE 204
BOCA RATON, FL 33433

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FIRST INDEPENDENT TRUST
STREET ADDRESS	7 ABRAHAM DE VEERSTRAAT
CITY-ST-ZIP	CURACAO,NETH.ANTILLE,
TITLE	D
NAME	ESAU, JOSEPH P.
STREET ADDRESS	7764 NW 44TH ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/04-80077-001 150.00

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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: _____ JOSEPH P. ESAU. Jan. 19, 2004 (863) 622-1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #