## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #852000**

1. Entity Name

Principal Place of Business

BOCA RATON, FL 33433

C/O WILLIAM P. MCCURRY, CPA 21301 POWERLINE ROAD, SUITE 204

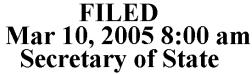
PORTERDALE CORPORATION N.V.



Mailing Address

ص یا بده

C/O WILLIAM P. MCCURRY, CPA 21301 POWERLINE ROAD, SUITE 204 BOCA RATON, FL 33433



03-10-2005 90133 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2160219

Applied For 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

## DO NOT WRITE IN THIS SPACE

				. IN THIS SPACE	
the obligations of registered ac	ts this statement for the plent.	ourpose of changing its regi	stered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed	name of registered agent and title i	if applicable. (NOTE: Regi	istered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE D NAME FIRST INDEPER STREET ADDRESS 7 ABRAHAM DE CITY-ST-ZIP CURACAO,NET	VEERSTRAAT				
TITLE D  NAME ESAU, JOSEPH  TREET ADDRESS CITY-ST-ZIP SUNRISE, FL S	1 tous	OWERLINE R BOCA RATON FL33433	<b>.</b>		
TITLE		FL33433			
STREET ADDRESS CITY-SI-ZIP	MESS		# · · ·	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the inform	nation supplied with this fi	iling does not qualify for the	exemption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filling 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 full tee 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.

ESAU

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSEPH

Date

Daytime Phone #