2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AN Secretary of State

1. Entity Nam	MENT # F28999 PORT CO., INC.			Secretary of S
Principal Place of Business Mailing Address 17611 SW 48 STREET 17611 SW 48 STREET SOUTHWEST RANCHES, FL 33331 SOUTHWEST RANCHES, FL 33331				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01292007 No Chg-P CR2E034 (11/05) 4. FE! Number
JOSEPH H. HUPPERT 17611 SW 48 STREET SOUTHWEST RANCHES, FL 33331				DO NOT WRITE IN THIS SPACE
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 fille if applicable. (NOTE Registered Agent signature required when releastables) DAYE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECT	ORS		
TITLE NAME STREET ADDRESS CITY-ST ZIP	PD SULTAN, ABRAHAM SULTAN 1901 BRICKELL AVE, B1414 MIAMI, FL			V00000620830 02/03/07-80052-018 150.00
NAME STREET ADDRESS CITY-ST ZIP	VD ABADI, CARLOS S. S. 1901 BRICKELL AVE, B1414 MIAMI, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABADI, SIMON SULTAN 1901 BRICKELL AVE, B1414 MIAMI, FL		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
12. I hereby certify that the information supplied with this filling 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 it 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 OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR DAILS CHANGE Phone 8				