

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90363 048 ***150.00

DOCUMENT # F95000000159

1. Entity Name
PORTS AMERICA MANAGEMENT CORP.



Principal Place of Business
**1007 NORTH AMERICA WAY
DODGE ISLAND
MIAMI, FL 33132 US**

Mailing Address
**99 WOOD AVE SOUTH--8TH FL
ISELIN, NJ 08830**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

13-3090989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EDWARDS, STEPHEN
99 WOOD AVE., S. 8TH FL
ISELIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAUREEN, WALSH
99 WOOD AVENUE SOUTH 8TH FLOOR
ISELIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
BELLIFEMINI, MICHAEL
99 WOOD AVENUE SOUTH 8TH FLOOR
ISELIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILSON, MARK
99 WOOD AVE S 8TH FL
ISELIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUMMINGS, MARK
99 WOOD AVE., S. 8TH FL
ISELIN, NJ 08830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
**D
Ferrucci, Mark
99 Wood Ave., S. 8TH FL.
Iselin, NJ 08830** ☐ Change ☒ Addition

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:

Michael Bellifemini

Michael Bellifemini Treasurer

4/23/08

732-635-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #