

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000159

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: PORTS AMERICA MANAGEMENT CORP.

## Current Principal Place of Business:

1007 NORTH AMERICA WAY  
DODGE ISLAND  
MIAMI, FL 33132 US

## Current Mailing Address:

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

## New Principal Place of Business:

1007 NORTH AMERICA WAY  
5TH FLOOR  
MIAMI, FL 33132 US

## New Mailing Address:

99 WOOD AVE. SOUTH  
8TH FLOOR  
ISELIN, NJ 08830 US

FEI Number: 13-3090989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: EDWARDS, STEPHEN  
Address: 99 WOOD AVE., S. 8TH FL  
City-St-Zip: ISELIN, NJ 08830

Title: S (X) Delete  
Name: MAUREEN, WALSH  
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

Title: TO (X) Delete  
Name: BELLIFEMINI, MICHAEL  
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR  
City-St-Zip: ISELIN, NJ 08830

Title: VP (X) Delete  
Name: WILSON, MARK  
Address: 99 WOOD AVE S 8TH FL  
City-St-Zip: ISELIN, NJ 08830

Title: VP (X) Delete  
Name: CUMMINGS, MARK  
Address: 99 WOOD AVE., S. 8TH FL  
City-St-Zip: ISELIN, NJ 08830

Title: D (X) Delete  
Name: FERRUCCI, MARK  
Address: 99 WOND AVE S 8TH FL  
City-St-Zip: ISELIN, NJ 08830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: TELMAN, DEBORAH  
Address: 99 WOOD AVE. SOUTH, 8TH FLOOR  
City-St-Zip: ISELIN, NJ 08830 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH TELMAN

S

04/09/2009

Electronic Signature of Signing Officer or Director

Date