


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # F98000002185					
1. Entity Name ACQUIPORT PORTOFINO, INC.					
Principal Place of Business 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020			Mailing Address 1251 AVENUE OF THE AMERICAS 36TH FLR NEW YORK NY 10020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2093141	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May C Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STREICKER, JOHN H		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WEINER, DAVID		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CASSIDY, MILLIE C		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LENIART, ROBERT		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BLAUER, GEORGE		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TIETJEN, GEORGE		NAME		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP		

000000512019
04/29/06 80073-811-150-00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 14, 2006

212 408 5200