


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90029 031 \*\*\*158.75

<b>DOCUMENT # F99000004868</b>	
1. Entity Name PORT BROKERS, INC.	

Principal Place of Business 152-60 ROCKAWAY BLVD JAMAICA, NY 11434	Mailing Address 152-60 ROCKAWAY BLVD JAMAICA, NY 11434
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40100470



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062006 Chg-P CR2E034 (11/05)

4. FEI Number 11-2145400	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WELLER, BRIAN 8300 NW 14TH STREET MIAMI, FL 33126		7. Name and Address of New Registered Agent Name <u>Weller, Brian</u> Street Address (P.O. Box Number is Not Acceptable) <u>7925 NW 12th Street</u> <u>Suite 112</u> City <u>Miami</u> FL Zip Code <u>33126</u>	
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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 \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, EUGENE F 152-72 ROCKAWAY BLVD JAMAICA, NY 11434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, BETTY J 152-72 ROCKAWAY BLVD JAMAICA, NY 11434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06  
Date

Daytime Phone #



ATTACHMENT 40100470  
Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	F99000004868
Business Entity Name	PORT BROKERS, INC.
Original File Date	09/16/1999

FEI Number 11-2145400

Principal Address 152-60 ROCKAWAY BLVD  
JAMAICA, NY 11434Mailing Address 152-60 ROCKAWAY BLVD  
JAMAICA, NY 11434Registered Agent BRIAN WELLER  
8300 NW 14TH STREET  
MIAMI, FL 33126 US

(see change of address)  
Officer/Director Name And Address

P  
EUGENE F HAYES  
152-72 ROCKAWAY BLVD  
JAMAICA, NY 11434

S  
BETTY J HAYES  
152-72 ROCKAWAY BLVD  
JAMAICA, NY 11434

☒ After May 1 of each year, a late charge of \$400.00 is imposed,  
except in circumstances in which the entity did not receive prior  
notice. Please check this box if notice was not received.

☒ We never received the annual report.  
Please make sure we receive the report every year

If all of the above

If you need to make