

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119415

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** PORTO ENTERPRISES, LLC.

**Current Principal Place of Business:**

455 SOUTH SHORE DRIVE  
MIAMI BEACH, FL 33160

**New Principal Place of Business:**

11900 BISCAYNE BLVD  
SUITE 104  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

455 SOUTH SHORE DRIVE  
MIAMI BEACH, FL 33160

**New Mailing Address:**

11900 BISCAYNE BLVD  
SUITE 104  
NORTH MIAMI, FL 33181

**FEI Number:** 27-4013305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOSSOLA, JARED F ESQ.  
7471 WEST OAKLAND PARK BLVD.  
SUITE #106  
FT. LAUDERDALE, FL 33319 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PORTO, PABLO  
**Address:** 455 SOUTH SHORE DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** MGM  
**Name:** PORTO, RODOLFO  
**Address:** RUA CABINARI, 129 - VILA FORMOSA  
**City-St-Zip:** SAO PAULO-SP-BRAZIL, BR 03364-050 BR

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** PABLO PORTO

MGRM

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date