2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003387

FILED Mar 16, 2009 Secretary of State

Entity Name: PORTO PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O COURTESY PROPERT MANAGEMENT

13250 SW 135 AVENUE MIAMI, FL 33186

13250 SW 135 AVE MIAMI, FL 33186

New Mailing Address:

C/O COURTESY PROPERT MANAGEMENT

CIO COURTESY PROPERT MANAGEMENT

CIO COURTESY PROPERT MANAGEMENT

13250 SW 135 AVE MIAMI, FL 33186

Current Mailing Address:

13250 SW 135 AVENUE MIAMI, FL 33186

FEI Number: 20-3289873

MIAMI, FL 33186

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COURTESY PROPERTY MGMT 13250 SW 135 AVE

201 ALHAMBRA CIRCLE

SRLD, INC SUITE 1102

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33134 US

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: LISA LERNER

03/16/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete TOME, AJEJANDRO Name: 13190 SW 138 TERRACE Address:

City-St-Zip: MIAMI, FL 33186

MIAMI, FL 33186 US (X) Change () Addition Title: SD

TOME, AJEJANDRO MR

13190 SW 138 TERRACE

Title: SD () Delete Name: LERNER, ALAN Address: 13190 SW 134 ST City-St-Zip: MIAMI, FL 33186

Name: LERNER, ALAN MR Address: 13190 SW 134 STREET City-St-Zip: MIAMI, FL 33186 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO TOME PD 03/16/2009