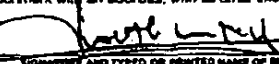


FILED
Jun 19, 2007 8:00 am
Secretary of State

06-19-2007 90001 023 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000083283		
1. Entry Name PORCIA PUBLISHING CORP.		
Principal Place of Business PO BOX 831345 MIAMI, FL 33283		Mailing Address PO BOX 831345 MIAMI, FL 33283
2. Principal Place of Business - No P.O. Box # 13155 SW 123 AVE Suite, Apt. #, etc. Unit # 11 City & State Miami, FL Zip 33186 Country USA		3. Mailing Address 13155 SW 123 AVE Suite, Apt. #, etc. Unit # 11 City & State Miami, FL Zip 33186 Country USA
4. FEI Number 65-1039899		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04192007 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent MESTRE, JUDITH 7110 SW 112TH AVE MIAMI, FL 33173		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 entry 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:  DATE: April 30 2007 NOTE: Registered Agent signature required when name change.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BELMONTE, JOSE L 7110 SW 112TH AVE MIAMI, FL 33173 ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS MESTRE, JUDITH 7110 SW 112TH AVE MIAMI, FL 33173 ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  JUDITH MESTRE DATE: April 30 2007 SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR		