

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90291 031 ***150.00

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1. Entity Name
 PORTOMANAGEMENTSERVICESINC.

Principal Place of Business Mailing Address
 1925 BRICKELL AVENUE SUITE D206 1925 BRICKELL AVENUE SUITE D206
 MIAMI, FL 33129 MIAMI, FL 33129

94055120



2. Principal Place of Business 3 Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02162004 Chg-P CR2E034(10/03)

City & State City & State

4. FEI Number Applied For
 65-1065715 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESU, ROGER
 1925 BRICKELL AVENUE SUITE D206
 MIAMI, FL 33129

Name *Miami Corporate Registry*
 Street Address (P.O. Box Number is Not Acceptable)
1925 BRICKELL Ave. D206
 City *Miami* FL Zip Code *33129*

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]* DATE *4-13-04*

Signature, typed or printed name of registered agent and filed applicant. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BESU, JORGEL 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date *4-13-04* Daytime Phone # *305 854-4422*