


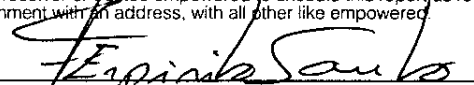
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90071 045 ***150.00

DOCUMENT # P00000100416 1. Entity Name OPORTO INCORPORATED					
Principal Place of Business 999 BRICKELL AVE, SUITE #1006 MIAMI FL 33131			Mailing Address 999 BRICKELL AVE, SUITE #1006 MIAMI FL 33131		
2. Principal Place of Business 1395 Brickell Ave. Suite, Apt. #, etc. 430		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Miami, Fl.		City & State			
Zip 33131	Country U.S.A.	Zip	Country		
6. Name and Address of Current Registered Agent ROBERT W STEWART, P.A. 999 BRICKELL AVE, SUITE #1006 MIAMI FL 33131			7. Name and Address of New Registered Agent Name ROBERT W. STEWART, P.A. Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVENUE SUITE 430 City MIAMI FL Zip Code 33131		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SILVA, FERNANDO 999 BRICKELL AVE, SUITE #1006 MIAMI FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Silva, Fernando 1395 Brickell Ave. Ste.430 Miami, Fl. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04
Date

Daytime Phone #