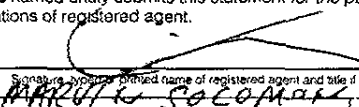
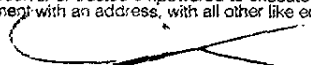


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000107752						
1. Entity Name PORTIA CORPORATION						
Principal Place of Business 1702 N FLORIDA AVE P.O. BOX 3275 TAMPA, FL 33601-3275		Mailing Address 1702 N FLORIDA AVE P.O. BOX 3275 TAMPA, FL 33601-3275				
DO NOT WRITE IN THIS SPACE						
<div style="text-align:right">03032004 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width:100%"><tr><td>4. FEI Number 65-1056253</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>			4. FEI Number 65-1056253	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-1056253	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent SOLOMON, MARVIN 1702 N FLORIDA AVE TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE				
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: <u></u> DATE: <u>7 May 04</u> <small>Signature required for change of name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
		U00000089015 03/15/04-80075-006 250.00				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE				
P SOLOMAN, MARVIN 1702 N FLORIDA AVE TAMPA, FL 33602						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7 May 04</u> Daytime Phone #: <u>813-229-0115</u>				