

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 MAR 29 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000964

1. Entity Name

PORT LARGO HOLDING, INC.



Principal Place of Business

9280 SW 150 AVENUE  
SUITE 105  
MIAMI FL 33196

Mailing Address

9280 SW 150 AVENUE  
SUITE 105  
MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1069771

Applied For

Not Applicable

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

ESPINEL, PAULINO H  
9280 SW 150 AVE SUITE 105  
MIAMI FL 33196

Name **ESPINEL Paulino**

Street Address (P.O. Box Number is Not Acceptable)

**9280 SW 150 Ave Suite # 105**

City **MIAMI**

FL

Zip Code **33196**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$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  
S  
ESPINEL, PAULINO H  
9280 SW 150 AVENUE #105  
MIAMI FL 33196 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ESPINEL, PAULINO III  
9280 SW 150 AVE S 105  
MIAMI FL 33196 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ESPINEL Paulino III  
9280 SW 150 Ave Suite #105  
MIAMI FL 33196 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**500031546925**  
**03/31/04--01017--020 \*\*1650.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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 no 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 exercise the powers of the corporation under 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 changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paulino Espinel Sr.**  
**9280 SW 150 Ave.**  
**Suite #105**  
**Miami, FL 33196**

**3/22/2004 305 726 8627**

Date

Daytime Phone #