## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT **DOCUMENT # P01000049296** NUPORT, INC. Principal Place of Business Mailing Address 1000 S POINT-DRIVE-#804 1000 S POINT-DRIVE #804 -MIAMI BEACH; FL-33139 MIAMI-BEACH, FL-33139 14985 N.W. 27Th Avenue OPA LockA, FL 3304 14955 N.W. 27MAVE OPA Locka FL 33054 DO NOT WRITE IN THIS SPACE

## FILED Feb 09, 2004 8:00 am **Secretary of State**

02-09-2004 90024 006 \*\*\*150.00



|  | <b>                                    </b> | III BEIII TIAIA IA |                               |
|--|---|--------------------|-------------------------------|
| 01222004   | No Chg-P                                    | CR2E0              | 34 (10/03)                    |
| 4. FEI Numb<br>65-114                                      |   |                    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired See Required Fee Required |   |                    |                               |
| DO NOT WRITE IN THIS SPACE                                 |   |                    |                               |
| d when reinstating)  | · · · · · · · · · · · · · · · · · · ·       | 2<br>DATE          | /2/04                         |
| .00 May Be<br>led to Fees                                  |   | -                  | <u></u>                       |
|  |   |                    |                               |

6. Name and Address of Current Registered Agent

\$5

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

PORTUONDO, ANGEL E

1000 S POINT DRIVE #804 MIAMI BEACH, FL 33139

1000 S POINT DRIVE #804

PORTUONDO, ANGEL R. 1000 S-POINT DRIVE #804-

MIAMI-BEACH, FL-33139

8. The above named entity submits this state the obligations of registered a

> 9. Election Campaign Financing Trust Fund Contribution.

OFFICERS AND DIRECTORS

14985 N.W. 277 AVE

OPA Locka FL 33054

CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE OORTUINDI, INES KAME 1000 S POINT DRIVE #804 STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP

MORENO, NURIS L

President Portugudo N.W. 27MAVENUE

CITY-ST-7tP SEC. & TREA. PORTUGADO STREET ADORESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

10.

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE

> DO NOT WRITE IN THIS SPACE

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 a

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OF DIRECTOR

Attackments # P0100049296 44008295

