


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000049296**

1. Entity Name  
**NUPORT, INC.**



Principal Place of Business  
**14985 N.W. 27TH AVENUE  
 OPA LOCKA FL 33054**

Mailing Address  
**14985 N.W. 27TH AVENUE  
 OPA LOCKA FL 33054**

2. Principal Place of Business  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

3. Mailing Address  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**PORTUONDO, ANGEL R  
 14985 N.W. 27TH AVENUE  
 OPA LOCKA FL 33054**

4. FEI Number **65-1142821** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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		<input type="checkbox"/> Delete
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PORTUNDO, ANGEL R</b>	
STREET ADDRESS	<b>14985 N.W. 27TH AVENUE</b>	
CITY - ST - ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>PORTUNDO, SHEILA A</b>	
STREET ADDRESS	<b>14985 N.W. 27TH AVENUE</b>	
CITY - ST - ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY - ST - ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY - ST - ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY - ST - ZIP	_____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY - ST - ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY - ST - ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY - ST - ZIP	_____		
TITLE	_____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	_____		
STREET ADDRESS	_____		
CITY - ST - ZIP	_____		

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 02/10/05-80045-023 150.00

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: *Angel R. Portundo* **MR. ANGEL R. PORTUNDO, Pres** 2/1/05 305 687-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #