2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P01000068986

PORTE MARKETING GROUP INC.



Principal Place of Business

3520 PADDOCK ROAD WESTON, FL 33331

Mailing Address

3520 PADDOCK ROAD WESTON, FL 33331

FILED Mar 07, 2008 08:00 AN Secretary of State



02092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 62-1861259

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTE, JAMES S

DO NOT WRITE

3520 PADDOCK ROAD WESTON, FL 33331			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					
FIL	Signature, typed or printed name of registered agent and life E NOWIII FEE 1S \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND DIRECT P PORTE, JAMES S 3520 PADDOCK ROAD WESTON, FL 33331	CTORS			U00000850336 03/24/08-80002-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	,	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 true encountered 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 approximation of the composition of the c

SIGNATURE:

THLE NAME STRLET ADDRESS CITY-S1-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR