


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90165 044 ***158.75

DOCUMENT # P02000049730 1. Entity Name PORT CHESTER ENTERPRISE CORP					
Principal Place of Business 10930 SW 41 STREET MIAMI, FL 33165			Mailing Address 10930 SW 41 STREET MIAMI, FL 33165		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10930 SW 41 ST Suite, Apt. #, etc.			
City & State		City & State MIAMI		4. FEI Number 02-0601049	
Zip 33165	Country	Zip 33165	Country MADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLEDO, MAXIMINO 10930 SW 41 STREET MIAMI, FL 33165				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 <u><i>Maximino Toledo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TOLEDO, MAXIMINO 10930 SW 41 STREET MIAMI, FL 33165 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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><i>Maximino Toledo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-06 786 412 74 74 <small>Date Daytime Phone #</small>		

ATTACHMENT

Florida Department of State | Division of Corporations

40065381

Sunbiz Publications

Electronic Filing

Sunbiz E-file Account ApplicationAccount Name: Portchester Enterprise Corp.E-mail Address: Maxtoledo5@aol.Mailing Address: 10930 SW 41 StreetCity: Miami State: FL Zip: 33165-4704Phone: (786) 412-7424 Fax: (305) 225-9970Contact Person: Maximo ToledoX Signature: Maximo ToledoPassword: mama19

(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing AddressDivision of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314**Courier Address**Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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