## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2005 08:00 AM Secretary of State

	ANNUAL RI	EPUKT		141		2003 00.00	
DOCUMENT # P02000054312				Secretary of State			
1. Entity Na		=				· ·	
	M. PORTER, P.A.			1			
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			-	<u> </u>			
Principal Pla	ce of Business Ma	iling Address			•		
7941 SW 1	43 ST == 79	941 SW 143 ST					
MIAMI, FL.	33158 <u> </u>	IAMI, FL 33158		}			
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DO NOT WRITE IN THIS SPACE				02132005 No	Chg-P C	PR2E034 (10/03)	
				4. FEI Number		Applied For	
				04-3667960		Not Applicable	
}				5. Certificate of Status	Desired F	\$8.75 Additional	
			· · · · · · · · · · · · · · · · · · ·	S. Certificate of Status	Desired L	Fee Required	
·	6. Name and Address of Current Regist	ered Agent		77 The same had not disting in significant	2000 max 1 2 2 2 3		
DOUTED	, JAMES M	·- · ·					
7941 SW	143 ST			DO NO	TWR	ITE	
MIAMI, FL	· · · · · · · · · · · · · · · · · · ·			151 7-111		^=	
		•		IN THIS	S SPA	CE	
i							
8. The above	e named entity submits this statement for the puttions of registered agent.	rpose of changing its register	ed office or register	ed agent, or both, in the	State of Florida.	I am familiar with, and accept	
และ ออเเกิด	mons or registered agent.	<del></del>		· ·			
SIGNATURE							
	Signature, typed or printed name of registered agent and little	ipplicable. (NOTE Registere	d Agent signature required	when reinstating)		DATE	
		D. Floring Committee					
FIL	LE NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	~ _ ~~.	00 May Be ed to Fees			
Arter W	lay 1, 2005 Fee Will be \$550.00	Trade Faria Doriginosis,	<b>□</b> ∧00	60 10 ( 863			
10.	OFFICERS AND DIRECT	ORS_		The same of the sa	7-3-	4 2 1-5	
TITLE	PVTR	• -	**************************************	<u> </u>			
NAME	PORTER, JAMES M	7	ŀ				
STREET ADDRESS	2920 SUNTRUST IN'1. CTR., 1 SE 3 AV	/E.	•				
CITY-ST-ZIP	MIAMI, FL 33131		<b>!</b>				
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NAME				navo	17/05-800	186-018 150.00	
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NAME			ii			e e e e e e e e e e e e e e e e e e e	
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CITY-ST-ZIP	<u> </u>		Ī				
12. I hereby	certify that the information supplied with this filin	g does not qualify for the exer	nption stated in Sec	tion 119.07(3)(I), Florida	Statutes, I furth	er certify that the information	
Indicated of the cor	certify that the information supplied with this filin on this report or supplemental report is true are poration or the reteriber or trustee empowered or on an attachment with an address, with all of	d accurate and that my signat o execute this report as requir	ure shall have the s ed by Chapter 607	ame legal effect as if ma Florida Statutes, and the	de under cath; t	hat I am an officer or director	
changed.	or on an attachment with an address, with all c	ther like empowered		Signayoo, cary tile		THE PROPERTY OF DIQUE TYME	
SIGNATURE: JOHNS PU JAHES PORTER 3/3/05 79645 2299							
SIGNAT		AME OF SIGNING OFFICER OR DIRECT	2106	15 V 2/	- נענף	146 425 2277	
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