


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90242 010 ***150.00

DOCUMENT # P02000113530		
1. Entity Name PORTO PORTAS PORTAT, INC.		

Principal Place of Business 3469 W BOYNTON BEACH BLVD, STE #3 BOYNTON BEACH, FL 33436	Mailing Address C/O EDWARD P. PHILLIPS, P.A. 980 N FEDERAL HWY, STE 434 BOCA RATON, FL 33432
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2. Principal Place of Business 500 Gulfstream Blvd. Suite, Apt. #, etc. Suite 106-108	3. Mailing Address Suite, Apt. #, etc.
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City & State Delray Beach, FL 33483	City & State	4. FEI Number 81-0583786	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BLACHER, STEPHAN C/O PORTO PORTAS PORTAT, INC. 3469 W. BOYNTON BEACH BLVD, STE 3 BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name Stephan Blacher Street Address (P.O. Box Number is Not Acceptable) 4300 Lakewood Drive City Delray Beach, FL Zip Code 33445	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACHER, STEPHAN 500 GULFSTREAM BOULEVARD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephan Blacher 4300 Lakewood Drive Delray Beach, FL 33445 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephan Blacher 4/26/05 561-272-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEPHAN BLACHER