

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049430

FILED  
Apr 09, 2005  
Secretary of State

Entity Name: A AND Z PORTIER ENTERPRISES INC.

## Current Principal Place of Business:

1243 W 72ND STREET  
HIALEAH, FL 33014

## New Principal Place of Business:

1822 SE 20TH ST  
CAPE CORAL, FL 33990

## Current Mailing Address:

1243 W 72ND STREET  
HIALEAH, FL 33014

## New Mailing Address:

1822 SE 20TH ST  
CAPE CORAL, FL 33990

FEI Number: 06-1693916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTIER, ALFREDO  
1243 W 72ND STREET  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

PORTIER, ALFREDO M  
1822 SE 20TH ST  
CAPE CORAL, FL 33990 US

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.

SIGNATURE: ALFREDO M PORTIER

04/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PORTIER, ALFREDO  
Address: 1243 W 72ND STREET  
City-St-Zip: HIALEAH, FL 33014

Title: VD ( ) Delete  
Name: PORTIER, ZAIDA S  
Address: 1243 W 72ND STREET  
City-St-Zip: HIALEAH, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PORTIER, ALFREDO M  
Address: 1822 SE 20TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD (X) Change ( ) Addition  
Name: PORTIER, ZAIDA S  
Address: 1822 SE 20TH ST  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO M PORTIER

PD

04/09/2005

Electronic Signature of Signing Officer or Director

Date