

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000059507		
1. Entity Name PORTOFINO HANDBAGS, INC.		
Principal Place of Business 825 LINCOLN ROAD MIAMI BEACH, FL 33139	Mailing Address 825 LINCOLN ROAD MIAMI BEACH, FL 33139	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ABITTAN, GABRIEL 825 LINCOLN ROAD MIAMI BEACH, FL 33139		DO NOT WRITE 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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABITTAN, GABRIEL 825 LINCOLN ROAD MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <i>Gabriel Abittan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GABRIEL ABITTAN PRESIDENT Date: 4/20/06 Daytime Phone #: 532-7515



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0103059	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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05/05/06-80076-003 150.00

**DO NOT WRITE
IN THIS SPACE**