

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90093 048 ***150.00

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1. Entity Name

LITTLE PORT CORPORATION



Principal Place of Business

717 PONCE DE LEON BLVD. SUITE 234
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD SUITE 234
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FABRE, FRANK R.S. ESQ
717 PONCE DE LEON BLVD SUITE 234
CORAL GABLES FL 33134

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERRERA, JORGE LUIS
STREET ADDRESS CALLE 50 EDIFICIO PLAZA BANCOMER 19TH FLOOR
CITY-ST-ZIP PANAMA REPUBLIC OF PANAMA

TITLE TD ☐ Delete
NAME DIAZ, MARIA PATRICIA
STREET ADDRESS CALLE 50 EDIFICIO PLAZA BANCOMER 19TH FLOOR
CITY-ST-ZIP PANAMA REPUBLIC OF PANAMA

TITLE SD ☐ Delete
NAME LLAURADO, ZADIE
STREET ADDRESS CALLE 50 EDIFICIO PLAZA BANCOMER 19TH FLOOR
CITY-ST-ZIP PANAMA REPUBLIC OF PANAMA

TITLE S ☐ Delete
NAME FABRE, FRANK R.S.
STREET ADDRESS 717 PONCE DE LEON BLVD SUITE 234
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank R.S. Fabre

4/20/04

305-446-3066