## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112010

Entity Name: PORTOFINO GARDENS BUILDERS, INC

FILED Apr 22, 2005 Secretary of State

•		,				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ANDREWS B TON, FL 3343	LVD., SUITE 510 33				
Current N	lailing Addre	ss:	New Maili	ng Addres	s:	
	ANDREWS B TON, FL 3343	LVD., SUITE 510 33				
FEI Number: 73-1681918 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and	l Address of (	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
7000 W. P	ELD, STEVEN ALMETTO PA TON, FL 3343	RK RD., SUITE 402				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registere	d office or registered agent, or both,	
SIGNATUI	RE:					
		nic Signature of Registered Ag	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	ABBO, FREDD	DREWS BLVD., SUITE 510	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition DDY NDREWS BLVD., SUITE 510 N, FL 33433	
Title: Name: Address: City-St-Zip:	ABBO, LARRY	DREWS BLVD., SUITE 510	Title: Name: Address: City-St-Zip:		(X) Change () Addition RY NDREWS BLVD., SUITE 510 N, FL 33433	
Title: Name: Address: City-St-Zip:	ABBO, EDWAR	DREWS BLVD., SUITE 510	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	ABBO, EVA	) Delete DREWS BLVD., SUITE 510	Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LARRY ABBO VPD 04/22/2005

BOCA RATON, FL 33433

City-St-Zip: