

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90007 041 ***150.00

DOCUMENT # P04000094900																																																																	
1. Entity Name PORVENIR COPORATION																																																																	
Principal Place of Business 4008 SAPPHIRE COVE WESTON, FL 33331			Mailing Address 4008 SAPPHIRE COVE WESTON, FL 33331																																																														
2. Principal Place of Business - No P.O. Box # 4581 Weston Road			3. Mailing Address 4581 Weston Road																																																														
Suite, Apt. #, etc. # 203			Suite, Apt. #, etc. # 203																																																														
City & State Weston, FL			City & State Weston, FL																																																														
Zip 33331		Country USA		Zip 33331																																																													
Country USA		4. FEI Number 20-1357947																																																															
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent BELTRAN, CARLOS MR 4008 SAPPHIRE COVE WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4581 Weston Road # 203 City Weston FL Zip Code 33331																																																														
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 _____ (NOTE: Registered Agent's signature required when reinstating)																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">P. BELTRAN, CARLOS SR.</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">4581 Weston Rd #203</td> <td style="width: 20%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">4008 SAPPHIRE COVE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">Weston, FL 33331</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">WESTON, FL 33331</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">4581 Weston Rd #203</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">WESTON, FL 33331</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">Weston, FL 33331</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">WESTON, FL 33331</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">Weston, FL 33331</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">-</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P. BELTRAN, CARLOS SR.	<input type="checkbox"/> Delete	TITLE	4581 Weston Rd #203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4008 SAPPHIRE COVE		NAME	Weston, FL 33331		STREET ADDRESS	WESTON, FL 33331		STREET ADDRESS	4581 Weston Rd #203		CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP	Weston, FL 33331		CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP	Weston, FL 33331		CITY-ST-ZIP	-	<input type="checkbox"/> Delete	CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	-	<input type="checkbox"/> Delete	CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	-	<input type="checkbox"/> Delete	CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	-	<input type="checkbox"/> Delete	CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																	