


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 032 ***150.00

DOCUMENT # P05000036953	
1. Entity Name PORTOFINO FLOORING CORPORATION	

Principal Place of Business 11350 METRO PARKWAY UNIDAD 117 FORT MYERS, FL 33912	Mailing Address 11350 METRO PARKWAY UNIDAD 117 FORT MYERS, FL 33912
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2. Principal Place of Business 3605 CEDER OAK DRIVE	3. Mailing Address 3605 CEDER OAK DRIVE
Suite, Apt. #, etc. Unit 101	Suite, Apt. #, etc. UNIT 101
City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33916	Zip 33916
Country	Country

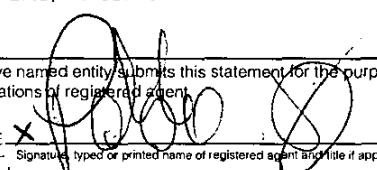
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04132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DIAZ, PABLO 3781 METRO PARKWAY APT. 7107 FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name DIAZ PABLO Street Address (P.O. Box Number is Not Acceptable) 3605 CEDER OAK DRIVE UNIT 101 City FORT MYERS FL Zip Code 33916	
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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  DATE **4-26-06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DIAZ, PABLO 3781 METRO PARKWAY, APT. 7107 FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ PABLO 3605 CEDER OAK DRIVE UNIT 101 FORT MYERS FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. DIAZ, IGMARIE 3781 METRO PARKWAY, APT 7107 FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ IGMARIE 3605 CEDER OAK DR Unit 101 FORT MYERS FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MATEO, ANA 2972 CLIPPER COVE LN, APT 201 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MATEO ANA 3605 CEDER OAK DR Unit 101 FORT MYERS FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Pablo Diaz** DATE **4-26-06** DAYTIME PHONE # **(239) 333-8349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR