


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 026 ***150.00

DOCUMENT # P05000148510	
1. Entity Name PORGES MANAGEMENT, INC.	

Principal Place of Business 334 SOUTH PARKWAY GOLDEN BEACH, FL 33160-2220 <i>435 Center Island Dr.</i>	Mailing Address 334 SOUTH PARKWAY GOLDEN BEACH, FL 33160-2220 <i>435 Center Island Dr.</i>
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5298314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLFE, RICHARD C ESQ C/O WOLFE & GOLDSTEIN, P.A. 100 SE SECOND ST STE 3300 MIAMI, FL 33131
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORGES, MALKA B <i>334 SOUTH PARKWAY 435 Center Island Dr.</i> GOLDEN BEACH, FL 331602220
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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>Malka B. Porges</i>	3/13/07	305-308 9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #