

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148510

FILED
Mar 16, 2009
Secretary of State

Entity Name: PORGES MANAGEMENT, INC.

Current Principal Place of Business:

435 CENTER ISLAND DR
GOLDEN BEACH, FL 331602220

New Principal Place of Business:

Current Mailing Address:

435 CENTER ISLAND DR
GOLDEN BEACH, FL 331602220

New Mailing Address:

FEI Number: 20-5298314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

PORGES, MALKA B
435 CENTER ISLAND DR
GOLDEN BEACH, FL 33160 US

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.

SIGNATURE: MALKA PORGES 03/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PORGES, MLAKA B
Address: 435 CENTER ISLAND DR
City-St-Zip: GOLDEN BEACH, FL 331602220

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PORGES, MLAKA B
Address: 435 CENTER ISLAND DR
City-St-Zip: GOLDEN BEACH, FL 331602220

Title: VP () Change (X) Addition
Name: PORGES, AMICHAY J
Address: 435 CENTER ISLAND DR
City-St-Zip: GOLDEN BEACH, FL 33160

Title: VP () Change (X) Addition
Name: PORGES, LEEOR I
Address: 435 CENTER ISLAND DR
City-St-Zip: GOLDEN BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MALKA PORGES P 03/16/2009

Electronic Signature of Signing Officer or Director Date