


FILED
Apr 28, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|-------------------------|---------------------------------|---|---|--|
| DOCUMENT # P05000166684 | | | |  | |
| 1. Entity Name PORT MAYACA (465), INC. | | | | | |
| Principal Place of Business 1500 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 | | | Mailing Address 1500 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| | | | 01112008 Chg-P CR2E034 (12/06) | | |
| | | | 4. FEI Number 33-3328644 | | Applied For <input type="checkbox"/> Not Applicable |
| | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL Zip Code |
| 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: _____ | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TABOR, MARTIN A | | NAME | U000000926605 | |
| STREET ADDRESS | 7801 SW LOST RIVER ROAD | | STREET ADDRESS | 05/20/08-80070-022 150.00 | |
| CITY-ST-ZIP | STUART, FL 34997 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 | | | | | |
| Date: _____ Daytime Phone #: _____ | | | | | |