2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101231

City-St-Zip:

NORTH MIAMI, FL 33181

FILED Mar 27, 2009 Secretary of State

Entity Na	me: POR LA	MAR FLORIDA CORP.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
520 BRICKELL KEY DRIVE SUITE 0-301 MIAMI, FL 33131			1000 BRICKELL AV MIAMI, FL 33131	1000 BRICKELL AVENUE, SUITE 215 MIAMI, FL 33131	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
520 BRICKELL KEY DRIVE SUITE 0-301 MIAMI, FL 33131			1000 BRICKELL AVENUE, SUITE 215 MIAMI, FL 33131		
FEI Number	: 75-3219981	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CORPORATE MAINTENANCE SERVICES LLC 520 BRICKELL KEY DRIVE SUITE 0-301 MIAMI, FL 33131 US			CORPORATE MAINTENANCE SERVICES LLC 1000 BRICKELL AVENUE, SUITE 215 MIAMI, FL 33131 US		
	named entity e of Florida.	submits this statement for the	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				03/27/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GONZALEZ, L	OAKS LANE #1707	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, M	OAKS LANE #1707	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GONZALEZ, IS) Delete SABEL C LOAKS LANE #1707	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LUIS G. GONZALEZ 03/27/2009 D