2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P06000129419

Entity Name: TEAM PORT SERVICES, INC.

Current Principal Place of Business:

2655 LE JEUNE RD SUITE 810
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE RD SUITE 810
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JARDI R. TORRENTS, P.A.
2655 LE JEUNE RD SUITE 801
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

JORDI R. TORRENTS, P.A.
2655 LE JEUNE RD SUITE 804
CORAL GABLES, FL 33134 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: JORDI R. TORRENTS 02/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: FLORETA, JOSEP MARIA B
Address: VIA AUGUSTA 317, 5-1
City-St-Zip: BARCELONA, SPAIN,

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

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: BARTOMEU, JOSEP M MR
Address: BUENOS AIRES 1
City-St-Zip: BARCELONA, SPAIN, BA 08029 SP

Title: VP ( ) Change (X) Addition
Name: GARDALIZA, MARCOS MR
Address: BUENOS AIRES 1
City-St-Zip: BARCELONA, SPAIN, BA 08029 SP

Title: T ( ) Change (X) Addition
Name: MESECHER, DONALD MR
Address: 1307 CARPERS FARM WAY
City-St-Zip: VIENNA, VA 22182 US

Title: S ( ) Change (X) Addition
Name: TORRENTS, JORDI MR
Address: 2655 LE JEUNE ROAD SUITE 804
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JORDI R TORRENTS S 02/20/2007
Electronic Signature of Signing Officer or Director Date