2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130313

ABBO, FRED

HOLLYWOOD, FL 33021

Name:

City-St-Zip:

Entity Name: PRIME HOMES AT THE LAKES OF PORTOFINO, INC.

FILED Apr 28, 2008 Secretary of State

•		,		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021				
FEI Number: 20-5758641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Cu	ırrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
GREENFIELD, STEVEN B 7000 WEST PALMETTO F SUITE #402 BOCA RATON, FL 33433	PARK RD.			
The above named entity su in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic	Signature of Registered Age	ent	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ()[Delete	Title: PD	(X) Change () Addition	

Name:

City-St-Zip:

ABBO, FRED

HOLLYWOOD, FL 33021

4651 SHERIDAN STREET SUITE # 480 4651 SHERIDAN STREET SUITE # 480 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021 Title: VΡ () Delete Title: VSD (X) Change () Addition ABBO, LARRY M ABBO, LARRY M Name: Name: Address: 4651 SHERIDAN STREET SUITE # 480 Address: 4651 SHERIDAN STREET SUITE # 480 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition ST Name: ABBO, EDWARD Name: ABBO, EVA 4651 SHERIDAN STREET SUITE # 480 Address: 4651 SHERIDAN STREET SUITE # 480 Address:

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: LARRY M. ABBO VSD 04/28/2008