


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000005967 1. Entity Name PORTFOLIO RESOURCES GROUP, INC.	
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Principal Place of Business 1101 BRICKELL AVE. SUITE 1401 MIAMI, FL 33131	Mailing Address 1101 BRICKELL AVE. SUITE 1401 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0370652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEWIS, LYNN B. P 1390 BRICKELL AVENUE SUITE 280 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICENO, RAUL 1101 BRICKELL AVE., SUITE 1401 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARAVAR, JOSE M 1101 BRICKELL AVE., SUITE 1401 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMEJO, ANTONIO 1101 BRICKELL AVE, SUITE 1401 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGARELLA, MIGUEL A. 1101 BRICKELL AVE STE 1401 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, CARMEN E. 1101 BRICKELL AVE STE 1401 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000053996  
02/16/04-80154-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Jose M. Maravar* 02/13/04 305-372-0299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #