


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000005967
 1. Entity Name
PORTFOLIO RESOURCES GROUP, INC.



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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01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

LEWIS, LYNN B. P
 1390 BRICKELL AVENUE
 SUITE 280
 MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

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 01/24/05-80141-007 150.00

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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: *[Signature]* **01/20/05** **305 372-0299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #