


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 006 ***150.00

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



Principal Place of Business Mailing Address
1101 BRICKELL AVE. **1101 BRICKELL AVE.**
SUITE 1401 **SUITE 1401**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0370652 Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRICENO, RAUL	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1401	
CITY-ST-ZIP	MIAMI, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARAVAR, JOSE M	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1401	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMEJO, ANTONIO	
STREET ADDRESS	1101 BRICKELL AVE, SUITE 1401	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIGARELLA, MIGUEL A.	
STREET ADDRESS	1101 BRICKELL AVE STE 1401	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, CARMEN E.	
STREET ADDRESS	1101 BRICKELL AVE STE 1401	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *A. Camejo* Date: 2-1-06 Daytime Phone #: 305 372-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X405**