

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003599

Entity Name: PORTVIEW CORPORATION

FILED  
Jun 30, 2004  
Secretary of State

**Current Principal Place of Business:**

5979 MICHHAUX STREET  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

5979 MICHHAUX STREET  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 65-0381627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYLE, JOHN M  
5979 MICHHAUX STREET  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete

Name: BOYLE, JOHN M

Address: 5479 MICHHAUX ST

City-St-Zip: BOCA RATON, FL 33433 US

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: PT ( ) Delete

Name: BOYLE, EVELYN K

Address: 5979 MICHHAUX ST

City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: VS ( ) Delete

Name: BOYLE, TRACY L

Address: 5979 MICHHAUX ST

City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN M BOYLE

D

06/30/2004

Electronic Signature of Signing Officer or Director

Date