


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90334 047 ***155.00

DOCUMENT # P94000062108

1. Entity Name
ESCORT SOUTH PORT, INC.



Principal Place of Business
**14200 SW 74TH ST
 MIAMI, FL 33183**

Mailing Address
**14200 SW 74TH ST
 MIAMI, FL 33183**

12002 SW 110ST CIR S

2. Principal Place of Business
12002 SW 110ST CIR S

Suite, Apt. #, etc.
MIAMI, FL.

City & State

3. Mailing Address
12002 SW 110ST CIR S

Suite, Apt. #, etc.
MIAMI FL

City & State

Zip **33186** Country **U.S.A**


Zip **33186** Country **U.S.A**

4. FEI Number
65-0513836

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

14000709



04032004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**FERRIOLO, FRANK
 14200 SW 74TH ST
 MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name **FRANK FERRIOLO**

Street Address (P.O. Box Number is Not Acceptable)
12002 SW 110ST CIR S

City **MIAMI** FL Zip Code **33186**

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 *Frank Ferruolo* DATE **4/4/04**

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, 2004 Fee will be \$550.00.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIOLD, IRIS	NAME	
STREET ADDRESS	% 14200 SW 74TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIOLO, IRIS	NAME	
STREET ADDRESS	% 12002 SW 110 ST CIR S	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Frank Ferruolo* DATE: **4/4/04** (305) 271-3671

Signature and typed or printed name of signing officer or trustee