## 2006 FOR PROFIT CORPORATION

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

147 RACHEL COURT

CUMMINGS, MARK

**ISELIN, NJ 08830** 

FRANKLIN PARK, NJ 08823

99 WOOD AVENUE SOUTH 8TH FLOOR

## ANNUAL REPORT

## Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90206 031 \*\*\*150.00 DOCUMENT # P95000001914 P&O PORTS FLORIDA, INC. Mailing Address Principal Place of Business 40055744 99 WOOD AVE SOUTH 1007 NORTH AMERICA WAY 8TH FLOOR DODGE ISLAND ISELIN, NJ 08830 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 65-0544469 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE Defete TITLE SCAVONE, ROBERT NAME NAME 99 WOOD AVENUE SOUTH 8TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISELIN, NJ 08830 TITLE TITLE Delete ☐ Change ☐ Addition NAME BELLIFEMINI, MICHEAL NAME STREET ADDRESS 99 WOOD AVENUE SOUTH 8TH FLOOR STREET ADDRESS ISELIN, NJ 08830 CITY-ST-ZIP CITY-ST-ZIP SVP V.P TITLE Delete TITLE Change ☐ Addition STEPHEN ERA MORRISSEY, PATRICK NAME NAME STREET ADDRESS 601 LOUISIANA AVE STREET ADDRESS 1007 N. AMERICAN WAY CITY-ST-ZIP NEW ORLEANS, LA 70115 CITY-ST-ZIP MIAMI FL. 33132 Detele TITLE V.P Change Change ☐ Addition TITLE MORTON, CHRISTOPHER C TARK WILSON NAME NAME 99 WOOD AVENUE SOUTH STAFLOCA STREET ADDRESS 1007 N AMERICA WAY STREET ADDRESS MIAMI, FL 33132 CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 Delete ☐ Change '☐ Addition TITLE TITLE FOGARTY, FRANK NAME NAME

**FILED** 

☐ Change

Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:	mikal	Bell	Lenini	Jax	Office	Michael	Bellifemini	4/17/06	732-635-3839
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							Date	Daytime Phone #