

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000081783

1. Entity Name
PORTEN REALTY, INC.



Principal Place of Business
**666 S. MILITARY TRL
DEERFIELD BEACH, FL 33442**

Mailing Address
**666 S. MILITARY TRL
DEERFIELD BEACH, FL 33442**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0638000

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COREN, GEORGE
666 S MILITARY TRL
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
IN THIS SPACE**

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

**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	PD
NAME	PORTEN, SCOTT
STREET ADDRESS	666 S. MILITARY TRL
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	STVP
NAME	COREN, GEORGE J
STREET ADDRESS	666 S. MILITARY TRL
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	V
NAME	PORTEN, STEPHAN
STREET ADDRESS	5515 SECURITY LANE STE 550
CITY - ST - ZIP	ROCKVILLE, MD
TITLE	VP
NAME	PORTEN, Nanci
STREET ADDRESS	666 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/18/05-80152-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George J. Coren VP 4/15/05 954 422 1883