2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P96000096660 1. Entity Name PORFILIO INCORPORATED 01-21-2000 90128 020 ***150.00 Principal Place of Business Mailing Address 700 FRONT ST 700 FRONT ST KEY WEST FL 33040 KEY WEST FL 33040-6689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 106 101. City & State City & State Applied For 4. FEI Number 65-0714358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MonRoe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORAN, EDWARD W.ESQ. Street Address (P.O. Box Number is Not Acceptable) **HORAN & HORAN 608 WHITEHEAD STREET** KEY WEST FL 33040 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE Change NAME PORFILIO, TED L STREET ADDRESS STREET ADDRESS 1209 FIRST STREET, REAR CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Addition ☐ Delete TITLE Change TITLE PORFILIO, CATHY NAME NAME STREET ADDRESS STREET ADDRESS 1209 FIRST STREET, REAR CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Change ☐ Addition Delete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition | Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Lathy Publicaulas

CITY-ST-ZIP

SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

305-294-0011

Daytime Phone #