


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90080 028 ***150.00

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| DOCUMENT # P96000096660 | |  | |
| 1. Entity Name PORFILIO INCORPORATED | | | |
| Principal Place of Business 700 FRONT ST STE 106 KEY WEST FL 33040 US | | Mailing Address 700 FRONT ST STE 106 KEY WEST FL 33040 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent HORAN, EDWARD W ESQ. HORAN & HORAN 608 WHITEHEAD STREET KEY WEST FL 33040 | | 7. Name and Address of New Registered Agent Name <u>CATHY J. PORFILIO</u> Street Address (P.O. Box Number is Not Acceptable) <u>700 FRONT STREET</u> <u>SUITE 106</u> City <u>KEY WEST</u> <u>FL</u> Zip Code <u>33040</u> | |
| 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 <u>Cathy J. Porfilio</u> <u>CATHY J. PORFILIO, PRESIDENT</u> DATE <u>04/01/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PORFILIO, TED L 1209 FIRST STREET, REAR KEY WEST FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PORFILIO, CATHY 1209 FIRST STREET, REAR KEY WEST FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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MOORE CR2E034 (11/03)

4. FEI Number **65-0714358** Applied For ☐ Not Applicable

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

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: Theodore L. Porfilio THEODORE L. PORFILIO

DATE 04/01/04 (305) 29-
Daytime Phone #