

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 18, 2006 8:00 am
Secretary of State

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03302006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000018332

1. Entity Name
PORTO FAMILY HOME SALES INC.



Principal Place of Business

**620 NW 11 ST
MIAMI, FL 33136**

Mailing Address

**620 NW 11 ST
MIAMI, FL 33136**

2. Principal Place of Business

17525 NW 85th AVE

3. Mailing Address

17525 NW 85th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0815186

Applied For

Not Applicable

Zip

33015

Country

MIAMI-DADE

Zip

33015

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTO, MARIO
620 NW 11 ST
MIAMI, FL 33136**

7. Name and Address of New Registered Agent

Name

17525 N.W. 85th AVE

City **MIAMI**

FL

Zip Code
33015

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 \$160.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PORTO, MARIO**
STREET ADDRESS **620 NW 11 ST**
CITY-ST-ZIP **MIAMI, FL 33148**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **17525 N.W. 85th AVE**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT (305) 607-8276

Date

Daytime Phone #