


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000026550
 1. Entity Name
 PORTOFINO PLAZA, INC.



Principal Place of Business Mailing Address
 10310-10322 NW 55 ST.
 SUNRISE, FL 33351 5269 N HIATUS RD.
 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0910809	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, BONNIE J
 5269 N HIATUS RD.
 SUNRISE, FL 33351

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CUTRI, MICHELE 5269 N HIATUS RD. SUNRISE, FL 33351
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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: Bonnie J. Miller Date: 4/15/05 Daytime Phone #: 954-578-8200