


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # S37612	
1. Entity Name DUPOR GROUP, INC.	

Principal Place of Business 5845 SW 46 TERR MIAMI, FL 33155 US	Mailing Address 5845 SW 46 TERR MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KUPERMAN, MAR A. ESQUIRE 1320 SOUTH DIXIE HIGHWAY SUITE 900 CORAL GABLES, FL 33146	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.	

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 _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORTER, JOHN F. 5845 SW 46 TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDOZA, ANA G 5845 SW 46 TERR MIAMI, FL 33155
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**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)(b), 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: John F. Porter 5/12/04 305 662 1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #