


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2005 8:00 am
Secretary of State


03-21-2005 90104 001 ***158.75

DOCUMENT # S72964
 1. Entity Name
 267 PORT LARGO INC.



Principal Place of Business Mailing Address
 12995 NW 2ND ST 12995 NW 2ND ST
 MIAMI, FL 33182 MIAMI, FL 33182

DO NOT WRITE IN THIS SPACE

00010004

 03152005 No Chg-P CR2E034 (10/03)

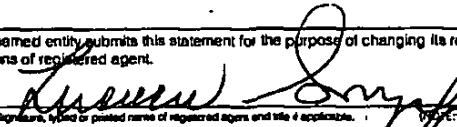
4. FEI Number Applied For
 65-0316838 Not Applicable

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

8. Name and Address of Current Registered Agent
 GONZALEZ, LUCRECIA
 12995 NW 2ND ST
 MIAMI, FL 33182

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, RAUL
STREET ADDRESS	12995 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	GONZALEZ, RICHARD
STREET ADDRESS	12995 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	GONZALEZ, AMY
STREET ADDRESS	12995 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	GONZALEZ, LUCRECIA
STREET ADDRESS	12995 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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:  04/13/05 (305) 261-3005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Debrae Parris e