


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 046 \*\*\*150.00

<b>DOCUMENT # V47388</b> 1. Entity Name <b>PORTA PRODUCTS CORPORATION</b>					
Principal Place of Business <b>200 DALE STREET</b> <b>EDGEWATER, FL 32132 US</b>			Mailing Address <b>200 DALE STREET</b> <b>EDGEWATER, FL 32132 US</b>		
2. Principal Place of Business - No P.O. Box # <b>708 W. Park Avenue</b>		3. Mailing Address <b>708 W. Park Ave.</b>			
Suite, Apt. #, etc. <b>Unit D</b>		Suite, Apt. #, etc. <b>Unit D</b>			
City & State 		City & State 		4. FEI Number <b>59-3130807</b>	
Zip 		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04172008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>PORTA, JENNIFER</b> <b>200 DALE ST</b> <b>EDGEWATER, FL 32132</b>			Name 		
			Street Address (P.O. Box Number is Not Acceptable) <b>708 W. Park Avenue</b>		
			<b>Unit D</b>		
			City <b>FL</b>		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PORTA, SCOTT S</b> <b>200 DALE ST</b> <b>EDGEWATER, FL 32132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PORTA, JENNIFER P</b> <b>200 DALE ST</b> <b>EDGEWATER, FL 32132</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Jennifer Porta</u> <u>Jennifer Porta</u> <u>4/23/08</u> <u>386-428-7656</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		