

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47388

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PORTA PRODUCTS CORPORATION

## Current Principal Place of Business:

708 W PARK AVENUE  
UNIT D  
EDGEWATER, FL 32132 US

## Current Mailing Address:

708 W PARK AVENUE  
UNIT D  
EDGEWATER, FL 32132 US

## New Principal Place of Business:

341 SKYWAY DR.  
UNIT A-1  
EDGEWATER, FL 32132 US

## New Mailing Address:

341 SKYWAY DR.  
#A-14  
EDGEWATER, FL 32132 US

FEI Number: 59-3130807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTA, JENNIFER  
708 WEST PARK AVENUE  
UNIT #D  
EDGEWATER, FL 32132 US

## Name and Address of New Registered Agent:

PORTA, JENNIFER  
341 SKYWAY DR.  
UNIT A-1  
EDGEWATER, FL 32132 US

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.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PORTA, SCOTT S  
Address: 708 W PARK AVE, UNIT #D  
City-St-Zip: EDGEWATER, FL 32132

Title: ST ( ) Delete  
Name: PORTA, JENNIFER P  
Address: 708 W PARK AVENUE, UNIT #D  
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PORTA, SCOTT S  
Address: 341 SKYWAY DR.  
City-St-Zip: EDGEWATER, FL 32132

Title: ST (X) Change ( ) Addition  
Name: PORTA, JENNIFER P  
Address: 341 SKYWAY DR.  
City-St-Zip: EDGEWATER, FL 32132

Title: D ( ) Change (X) Addition  
Name: BROWN, ROBERT E  
Address: 341 SKYWAY DR.  
City-St-Zip: EDGEWATER, FL 32132 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER PORTA

ST

04/21/2009

Electronic Signature of Signing Officer or Director

Date