


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90260 037 ****70.00

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1. Entity Name
PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.



Principal Place of Business
 11205 ARECA DRIVE
 PORT RICHEY, FL 34668

Mailing Address
 11205 ARECA DRIVE
 PORT RICHEY, FL 34668

50000188



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3388487

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
ANDRADE, DIANA M
8848 WATERMAN CT.
NEW PORT RICHEY, FL 34654

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Diana M Andrade* DATE 1-6-07

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REIS, OCILIO	
STREET ADDRESS	4416 LAS PALMAS AVENUE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOTELHO, NORBERTO <i>PRES</i>	
STREET ADDRESS	6920 COLLINGSWOOD CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDRADE, DIANA M	
STREET ADDRESS	8848 WATERMAN CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVES, ANTONIO	
STREET ADDRESS	12512 HOLLYBROOK LN.	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK C ROSA	
STREET ADDRESS	7534 Culberson Dr	
CITY-ST-ZIP	P. Richey, FL 34668	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Diana M Andrade* DATE 1-6-07 DAYTIME PHONE # 727-849-0967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #