

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90093 004 \*\*\*150.00

**DOCUMENT # P99000049524**  
 1. Entity Name  
**PORTUGUESE AMERICAN CORPORATION**



Principal Place of Business 13 UTILITY DR PALM COAST, FL 32137	Mailing Address 13 UTILITY DR PALM COAST, FL 32137
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40047241



**DO NOT WRITE IN THIS SPACE**

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3575666	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DONALD W. DUNCAN, P.A. 25 FLORIDA PARK DR NORTH PALM COAST, FL 32137	MARIA AMARAL 13 UTILITY DR. PALM COAST, FL. 32137
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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 MARIA AMARAL 386-445-9393 2/9/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARAL, ANTONIO 9 COTTONWOOD CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARAL, MARIA 9 COTTONWOOD CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARAL, ANTONIO JR 13 UTILITY DR PALM COAST, FL 32137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 exemption.

SIGNATURE: MARIA AMARAL 2/23/07 386-445-9393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #