

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000005808 1. Entity Name PORTOBELLO AMERICA INC.	
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Principal Place of Business 1205 N MILLER ANAHEIM, CA 92806	Mailing Address 1205 N MILLER ANAHEIM, CA 92806
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1299145	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	COB GOMES, CESAR RUA ANTONIO DIB MUSSI, 79 88015.110 FLORIANOPOLIS SC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD STREADBECK, BRIAN 9521 MARY CIRCLE VILLA PARK, CA 92861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAPTISTA, MARIO RUA ANTONIO DIB MUSSI, 79 88015.110 FLORIANOPOLIS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PEREIRA, PAULO 8 GRECO AISLE IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTE, GLAUCO RUA CAP ROMMALES DE BARROS 705 CASA 28 CARVOEIRA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREZINSKI, GLADIMIR 1205 N MILLER STREET ANAHEIM, CA 92806

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02/02/07-80030-017 158.75

**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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLADIMIR BREZINSKI

JAN. 24. 2007

Date

Daytime Phone #

714 234 2344