


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90044 046 \*\*\*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

40067773



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3575666

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMARA, MARIA L  
 13 UTILITY DR  
 PALM COAST, FL 32137

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 another like empowered.

SIGNATURE: M. Amaral M. AMARAL 4/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #