

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90196 037 ***150.00

DOCUMENT # F93000005808



1. Entity Name
PORTOBELLO AMERICA INC.

Principal Place of Business
**1205 N MILLER
ANAHEIM CA 92806**

Mailing Address
**1205 N MILLER
ANAHEIM CA 92806**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1299145**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GOMES, CESAR <input type="checkbox"/> Delete RUA ANTONIO DIB MUSSI, 79 88015.110 FLORIANOPOLIS SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD STREADBECK, BRIAN <input type="checkbox"/> Delete 9521 MARY CIRCLE VILLA PARK CA 92861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAPTISTA, MARIO <input type="checkbox"/> Delete RUA ANTONIO DIB MUSSI, 79 88015.110 FLORIANOPOLIS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PEREIRA, PAULO <input type="checkbox"/> Delete 8 GRECO AISLE IRVINE CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTE, GLAUCO <input type="checkbox"/> Delete RUA CAP ROMMALES DE BARROS 705 CASA 28 CARVOEIRA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHEIBE, MAURICIO <input type="checkbox"/> Delete 104 HERITAGE BLVD, UNIT 6 PRINCETON NJ 08540

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)