

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006329

**Entity Name:** PORTADORES DEL REINO, INC

**Current Principal Place of Business:**

2824 MICHIGAN AVE SUITE J  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1608 KENDRICK DR  
B  
KISSIMMEE, FL 34741

**FEI Number:** 47-4404698

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SERRANO RODRIGUEZ, OLFA N  
1608 KENDRICK DR  
B  
KISSIMMEE, FL 34741 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SERRANO RODRIGUEZ, OLFA N  
Address 1608 KENDRICK DR APT B  
City-State-Zip: KISSIMMEE FL 34741

Title T  
Name RAMOS, JULIA  
Address 405 FOUNTAINHEAD CIR #146  
City-State-Zip: KISSIMMEE FL 34741

Title S  
Name CASIANO, CARMEN  
Address 405 FOUNTAINHEAD CIR #146  
City-State-Zip: KISSIMMEE FL 34741

Title D  
Name RAMOS, MARIA  
Address 2409 STONEY WAY APT B  
City-State-Zip: KISSIMMEE FL 34744

Title VP  
Name COLON, KEREN N  
Address 312 PINELAND CT APT B  
City-State-Zip: SAINT CLOUD FL 34769

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** OLFA SERRANO RODRIGUEZ

**PRESIDENT**

**07/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date