

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000049524

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC7893847885**

**Entity Name:** PORTUGUESE AMERICAN CORPORATION

**Current Principal Place of Business:**

13 UTILITY DR  
PALM COAST, FL 32137

**Current Mailing Address:**

13 UTILITY DR  
PALM COAST, FL 32137

**FEI Number:** 59-3575666

**Certificate of Status Desired:** No

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

AMARAL, MARIA  
13 UTILITY DR  
PALM COAST, FL 32137 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 D  
Name AMARAL, ANTONIO  
Address 9 COTTONWOOD CT  
City-State-Zip: PALM COAST FL 32137

Title D  
Name AMARAL, MARIA  
Address 9 COTTONWOOD CT  
City-State-Zip: PALM COAST FL 32137

Title D  
Name AMARAL, ANTONIO JR  
Address 13 UTILITY DR  
City-State-Zip: PALM COAST FL 32137

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA AMARAL

D

01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date