


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # G11049 1. Entity Name PORTUGESE GAP, INC.	
--	---

Principal Place of Business 125 28TH ST NORTH ST PETERSBURG, FL 33713	Mailing Address 125 28TH ST NORTH ST PETERSBURG, FL 33713
---	---



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2236979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, W LANGSTON
125 28TH ST N
SAINT PETERSBURG, FL 33713

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

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	V HOLLAND, W. LANGSTON 125 28TH ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, W. LANGSTON 125 28TH ST NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRAY, ROBERT D. 125 28TH ST N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILES, CHERI A 125 28TH STREET, N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE:  3/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LANGSTON HOLLAND

U00000711493
 04/26/07 00009 003 150.00