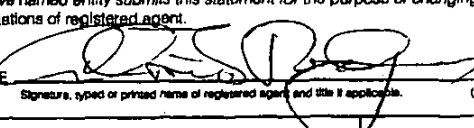


FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90017 043 ****75.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000000717			
1. Entity Name PORTUGUESE AMERICAN CLUB OF S.W. FLORIDA, INC.			
Principal Place of Business POWER SQUADRON 917 S.E. 47 TERR. CAPE CORAL, FL 33904		Mailing Address 7508 HICKORY DR FT. MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RAPOSA, HERMINIA S 7508 HICKORY DR. FT. MYERS, FL 33912 1721 S.W. 23RD ST		7. Name and Address of New Registered Agent Name RODRIGUES, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 106 S.E. 5TH STREET City CAPE CORAL FL Zip Code 33904	
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 03/18/08 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$24.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAPOSA, HERMINIA S 7508 HICKORY DR. FT. MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUES, ANTONIO 106 S.E. 5TH ST. CAPE CORAL 33990 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERREIRA, VERGILIO 1438 SE 16TH TER CAPE CORAL, FL 33990 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACHADO, VICTOR 1616 ROBERT AVE LEHIGH ACRES, FL 33972 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PINTO, HELENA 1320 SE 20TH ST CAPE CORAL, FL 33990 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DONABED, GARY 1721 S.W. 23RD STREET CAPE CORAL, FL 33991 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SA VIEIRA, LENA 18354 OSTEBO DR FORT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SA MACHADO, IDA 1616 ROBERT AVE LEHIGH ACRES, FL 33972 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERRAO, JOE 1903 SE 2ND ST CAPE CORAL, FL 33990 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIOGO, JAIME 4404 NORTH CANAL CIRCLE N FORT MYERS, FL 33917 ☐ Change ☒ Addition
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 617, 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:  DATE 03/18/08 DAYTIME PHONE # 239-677-7009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			