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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.

40048110

Principal Place of Business	Mailing Address
POWER SQUADRON 917 S.E. 47 TERR. CAPE CORAL, FL 33904	7508 HICKORY DR FT. MYERS, FL 33912

01312008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 01-0589699 ☐ Applied For ☐ Not Applicable

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
RAPOSA, HERMINIA S 7508 HICKORY DR. FT. MYERS, FL 33912 1721 S.W. 23RD ST	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 _____ 03/08/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
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 OSTEGO 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 all other like empowered.

SIGNATURE: _____ 03/08/08 239-677-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #