

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

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000002300

1. Entity Name
**PORTUGUESE AMERICAN SOCIETY OF HOMESTEAD,
INC.**



Principal Place of Business
**21485 SW 242 ST
HOMESTEAD, FL 33031**

Mailing Address
**21485 SW 242 ST
HOMESTEAD, FL 33031**



01222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0502800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAIR, PERRY ESQ
BENDER BENDER CHANDLER & ADAIR PA
432 N WASHINGTON AVE
HOMESTEAD, FL 33030**

**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 _____

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
APOLINARIO, MANUEL
20825 SW 242 ST
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
BARBOSA, MANUEL
21485 S.W. 242 ST.
HOMESTEAD, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
MARQUES, JOSE
29501 SW 205 AVE
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000829525
02/26/08-80044-012 61.25

**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 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: *Manuel Barbosa* **President** **2-18-07 (305) 248-2649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #