

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066927

FILED
May 15, 2007
Secretary of State

Entity Name: PORTO HOME IMPROVEMENT, INC.

Current Principal Place of Business:

1590 FIRETHORN DR
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1590 FIRETHORN DR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-1022397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DE SOUZA PORTO, JOAO
Address: 1590 FIRETHORN DR
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: PORTO, ADRIANO
Address: 1590 FIRETHORN DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADRIANO PORTO

VP

05/15/2007

Electronic Signature of Signing Officer or Director

Date