

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066927

FILED  
Jan 20, 2008  
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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: PORTO, HERISLEY  
Address: 9090 SW 21ST STREET APT E  
City-St-Zip: BOCA RATON, FL 33428

Title: SEC ( ) Change (X) Addition  
Name: ROBERTO, VIANA  
Address: 1210 NW 13TH STREET # 110D  
City-St-Zip: BOCA RATON, FL 33432

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: JOAO PORTO

PTD

01/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date