

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90161 046 \*\*\*150.00

**DOCUMENT # P03000040745**

1. Entity Name

PORTAL GROUP CONTRACTING INC.



Principal Place of Business

2040 SW 24 TERR  
MIAMI FL 33145

Mailing Address

2040 SW 24 TERR  
MIAMI FL 33145



2. Principal Place of Business

8306 Mills Dr.

Suite, Apt. #, etc.

621

3. Mailing Address

8306 Mills Dr.

Suite, Apt. #, etc.

621

1st MOORE

CR2E034 (10/05)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

41-2089289

Applied For

Not Applicable

Zip

33183

Country

DADE

Zip

33183

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LUIS J  
2040 SW 24 TERRACE  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Luis J. LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

8306 MILLS DR. #621

City

MIAMI

FL

Zip Code

33183

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

4.26.06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LOPEZ, LUIS J  
STREET ADDRESS 2040 SW 24 TERRACE  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition  
NAME SUSANA MILHEM  
STREET ADDRESS 9380 SW 118 PL.  
CITY-ST-ZIP Miami, FL 33186

TITLE D/P ☒ Change ☐ Addition  
NAME LUIS J. LOPEZ  
STREET ADDRESS 8306 MILLS DR. #621  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.26.06 305-274-7444