


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000150910

1. Entity Name  
 EL PORTAL RESTAURANT, CORP.



Principal Place of Business 1341 DEL PRADO BLVD. CAPE CORAL, FL 33990	Mailing Address 1341 DEL PRADO BLVD. CAPE CORAL, FL 33990
---	---

**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0469202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERAZO, WILMER  
 4201 COUNTRY CLUB BLVD  
 CAPE CORAL, FL 33904

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000872824  
 04/10/08-80053-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERAZO, WILMER 4201 COUNTRY CLUB BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERAZO, DILCIA J 4201 COUNTRY CLUB BLVD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: *Wilmer Erazo* **03/08/08** (239) 878-3416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #