


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000001532					
1. Entity Name ROLANDO PORTAL, INC.					
Principal Place of Business 20841 SW 119 PL MIAMI, FL 33177 US		Mailing Address 20841 SW 119 PL MIAMI, FL 33177-534 US			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312006 Chg-P CRZE034 (11/05)	
6. Name and Address of Current Registered Agent			4. FEI Number 20-0911577		
CAMPOS, JAVIER E 26101 SW 133 CT MIAMI, FL FL			Applied For		
			Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent			4. FEI Number 20-0911577		
Name			Applied For		
Street Address (P.O. Box Number is Not Acceptable)			Not Applicable		
City			FL Zip Code		
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: <i>Rolando Portal</i>		<i>Rolando Portal</i>		4-1-006	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTAL, ROLANDO		NAME		
STREET ADDRESS	20841 SW 119 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177-534		CITY-ST-ZIP	U00000491843	04/13/06-20039-018 150.00
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 637, 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: <i>Rolando Portal</i>				4-1-006	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	