

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90031 026 \*\*\*150.00

**DOCUMENT # P05000019804**

1. Entity Name  
**PORTAL AND SONS TRUCK & MAINTENANCE  
CORPORATION**



Principal Place of Business  
**6485 WEST 24 AVE  
405  
HIALEAH, FL 33016**

Mailing Address  
**6485 WEST 24 AVE  
405  
HIALEAH, FL 33016**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-2307567**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PORTAL, EMERIO  
6485 WEST 24 AVE  
4005  
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name **Portal, Jainel**  
Street Address (P.O. Box Number is Not Acceptable)  
**6485 W. 24th Ave., #405**  
City **Hialeah** FL Zip Code **33016**

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

**Jainel Portal**

**2-5-2008**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **PORTAL, EMERIO**  
STREET ADDRESS **6485 WEST 24 AVE # 405**  
CITY-ST-ZIP **HIALEAH, FL 33016**

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 **P & D** ☐ Change ☒ Addition  
NAME **Portal, Jainel**  
STREET ADDRESS **6485 W. 24th Ave., # 405**  
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE **S & T & D** ☐ Change ☒ Addition  
NAME **Portal, Javier**  
STREET ADDRESS **6485 W. 24th Ave., # 405**  
CITY-ST-ZIP **Hialeah, FL 33016**

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 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:

**Jainel Portal**

**2-5-2008**

**(786)356-6938**

Signature typed or printed name of signing officer or director

Date

Daytime Phone #