

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064925

Entity Name: PORTILLOS FLOORING, CORP

FILED
Sep 24, 2009
Secretary of State

Current Principal Place of Business:

5864 DIEGO ST APT. B
ORLANDO, FL 32807

New Principal Place of Business:

884 QUITO AVE
APT B
ORLANDO, FL 32807

Current Mailing Address:

5864 DIEGO ST APT. B
ORLANDO, FL 32807

New Mailing Address:

884 QUITO AVE
APT B
ORLANDO, FL 32807

FEI Number: 20-4849107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTILLO RAMOS, LUIS A
5864 DIEGO ST APT. B
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

PORTILLO RAMOS, LUIS A
884 QUITO AVE
APT B
ORLANDO, FL 32807 US

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: LUIS A PORTILLO RAMOS

09/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORTILLO RAMOS, LUIS A
Address: 5864 DIEGO ST APT. B
City-St-Zip: ORLANDO, FL 32807

Title: VP () Delete
Name: TOBIAS, ELEUTERIO F
Address: 5864 DIEGO ST APT. B
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: TOBIAS, SALVADOR F
Address: 5864 DIEGO ST APT. B
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PORTILLO RAMOS, LUIS A
Address: 884 QUITO AVE APT. B
City-St-Zip: ORLANDO, FL 32807

Title: VP (X) Change () Addition
Name: TOBIAS, ELEUTERIO F
Address: 884 QUITO AVE APT. B
City-St-Zip: ORLANDO, FL 32807

Title: D (X) Change () Addition
Name: TOBIAS, SALVADOR F
Address: 884 QUITO AVE APT. B
City-St-Zip: ORLANDO, FL 32807

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: LUIS A PORTILLO RAMOS

PD

09/24/2009

Electronic Signature of Signing Officer or Director

Date