

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-18-2008 90050 033 ***150.00
P06000079474

FILED

08 MAY 16 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/07)

DOCUMENT # P06000079474	
1. Entity Name LA PORTENITA, INC.	



Principal Place of Business 11930 NE 19 DR - # 16 N MIAMI FL 33181	Mailing Address 11930 NE 19 DR - # 16 N MIAMI FL 33181
--	--

2. Principal Place of Business - No P.O. Box # 6153 SW 8 Street Suite, Apt. #, etc.	3. Mailing Address 11930 NE 19 Drive #16 Suite, Apt. #, etc.
---	--

City & State MIAMI Florida	City & State N. Miami Florida
Zip 33144	Zip 33181
Country USA	Country USA

4. FEI Number 16-1768824	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IRIZARRY, ANTONIA S 11930 NE 19 DR - # 16 N MIAMI FL 33181	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 DATE 4/5/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD IRIZARRY, ANTONIA S 11930 NE 19 DR - # 16 N MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST LOUZAN, LILIANA N 11930 NE 19 DR - # 16 N MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUZAN, LILIANA N 11930 NE 19 DR - # 16 N MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: 4/5/08 (205) 893.8326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR