


2009 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 CORPORATION Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 31 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000049413
1. Corporation Name
CARLOS PORTILLO CONSTRUCTION SERVICE

500159650515
08/17/09--01071--001 **150.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 6752 FORSYTH OAK COURT		3. Mailing Office Address 6752 FORSYTH OAK COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32807	Country U.S.A	Zip 32807	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/23/2007

5. FEI Number 20-8934267 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PORTILLO, CARLOS

Street Address (P.O. Box Number is Not Acceptable)
6752 FORSYTH OAK COURT

Suite, Apt. #, Etc.

City **ORLANDO** State **FL** Zip Code **32807**

By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Carlos Portillo* Date 08-15-09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARLOS PORTILLO	6752 FORSYTH OAK COURT	ORLANDO, FL. 32807

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Carlos Portillo* Date 08-15-09 Daytime Phone # 321-436 8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR