

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000031999**  
 1. Entity Name  
 DESTINATION PORTUGAL - USA, INC.



Principal Place of Business: 606 BALD EALGE DR, SUITE 500, MARCO ISLAND, FL 34145  
 Mailing Address: 606 BALD EALGE DR, SUITE 500, MARCO ISLAND, FL 34145



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3450955  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
 WOODWARD, CRAIG R  
 606 BALD EALGE DR  
 SUITE 500  
 MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	MACTISELL, URSULA
STREET ADDRESS	1290 RIALTO WAY, #201
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000833508  
 02/28/08-80016-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: Ursula Mactisell Date: Jan 18, 2008 Daytime Phone #: 3899426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR