2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P98000098963

Entity Name: PORTAL CONSULTING OF AMERICA, INC.

Current Principal Place of Business:

1940 WEST 60TH ST.
HIALEAH, FL 33012

New Principal Place of Business:

16850-112 COLLINS AVE
280
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

16850-112 COLLINS AVENUE
#190
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

16850-112 COLLINS AVENUE
280
SUNNY ISLES BEACH, FL 33160

FEI Number: 65-0883243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERVI, PABLO
16850 COLLINS AVE 190
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

CERVI, PABLO
16850 COLLINS AVE
280
SUNNY ISLES BEACH, FL 33160 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: PABLO CERVI 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CERVI, ADELITA
Address: 16850 COLLINS AVE 190
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VD (X) Delete
Name: CERVI, PABLO
Address: 16850 COLLINS AVE 190
City-St-Zip: SUNNY ISLES BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CERVI, PABLO
Address: 16850 COLLINS AVE 280
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PABLO CERVI PD 04/17/2007
Electronic Signature of Signing Officer or Director Date