

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 004 ***150.00

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1. Entity Name

PORTUGUESE AMERICAN CORPORATION



Principal Place of Business

13 UTILITY DR
PALM COAST, FL 32137

Mailing Address

13 UTILITY DR
PALM COAST, FL 32137

40047241



DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3575666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DR NORTH
PALM COAST, FL 32137

MARIA AMARAL
13 UTILITY DR.
PALM COAST, FL.
32137

**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

Signature, typed or printed name of registered agent and title if applicable.

MARIA AMARAL

386-445-9393

2/9/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 AMARAL, ANTONIO
STREET ADDRESS 9 COTTONWOOD CT
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME AMARAL, MARIA
STREET ADDRESS 9 COTTONWOOD CT
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME AMARAL, ANTONIO JR
STREET ADDRESS 13 UTILITY DR
CITY-ST-ZIP PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MARIA AMARAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

386-445-9393

Daytime Phone #