

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049524

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: PORTUGUESE AMERICAN CORPORATION

**Current Principal Place of Business:**

13 UTILITY DR  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

13 UTILITY DR  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 59-3575666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMARA, MARIA L  
13 UTILITY DR  
PALM COAST, FL 32137      US

**Name and Address of New Registered Agent:**

AMARA, MARIA  
13 UTILITY DR  
PALM COAST, FL 32137      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: MARIA AMARAL

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: AMARAL, ANTONIO  
Address: 9 COTTONWOOD CT  
City-St-Zip: PALM COAST, FL 32137

Title: D      ( ) Delete  
Name: AMARAL, MARIA  
Address: 9 COTTONWOOD CT  
City-St-Zip: PALM COAST, FL 32137

Title: D      ( ) Delete  
Name: AMARAL, ANTONIO JR  
Address: 13 UTILITY DR  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARIA AMARAL

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date