

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000039806

**Entity Name:** PORGAL, INC.

**Current Principal Place of Business:**

922 TRUMAN AVENUE  
KEY WEST, FL 33040

**Current Mailing Address:**

2555 CHANTILLY DR NE  
ATLANTA, GA 30324 US

**FEI Number:** 27-0230515

**Certificate of Status Desired:** No

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

BURNSIDE, PATRICIA  
2455 HOLLYWOOD BOULEVARD  
SUITE 311  
HOLLYWOOD, FL 33020 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GALARDI, TERI G  
Address 2555 CHANTILLY DR NE  
City-State-Zip: ATLANTA GA 30324

Title ST  
Name PORTER, MICHAEL  
Address 2555 CHANTILLY DR NE  
City-State-Zip: ATLANTA GA 30324

Title T  
Name GALARDI, KELLY M  
Address 2555 CHANTILLY DR NE  
City-State-Zip: ATLANTA GA 30324

Title MGRM  
Name HAMMERS, SAMMY  
Address 1115 MARGARET STREET #2  
City-State-Zip: KEY WEST FL 33040

*I hereby 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 all other like empowered.*

**SIGNATURE:** TERI G GALARDI

**MGR**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date