2006 FOR PROFIT CORPORATION

Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000079945 04-13-2006 90295 007 ***150.00 Entity Name VILLA PONCE, INC. Principal Place of Business Mailing Address **VILLA SALES CENTER VILLA SALES CENTER** 1804 PONCE DE LEON BLVD. 1804 PONCE DE LEON BLVD CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 02062006 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 27-0049130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLA SALES CENTER DO NOT WRITE 1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE \$\$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE MENENDEZ, JUAN-G NAME STREET ADDRESS 1804 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report as 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.

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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