


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000100040
 1. Entity Name
 2330 PONCE CORP.



Principal Place of Business 2100 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134 US	Mailing Address 2100 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0895542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-SARRAFF, JORGE I.
 2100 PONCE DE LEON BLVD.
 SUITE 601
 MIAMI, FL 33134

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8. The above named entity admits 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:  DATE: _____

Signature of the applicant, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000095588
 03/24/04-90039-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AMIN, SAIDEN 1643 BRICKELL AVE, #2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SAIDEN, SILVIA D 1643 BRICKELL AVE, #2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DE NAVARRO, SILVIA SAIDEN 1643 BRICKELL AVE, #2305 MIAMI, FL 33129
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3/22/04 Daytime Phone #: 3054614950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR