2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V52058

1. Entity Name
ROBERTO A. PONCE, O.D., P.A.

Principal Place of Business	Mailing Address
3010 S.W. 101 COURT MIAMI, FL 33165	3010 S.W. 101 COURT MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

03202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0348788	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONCE, ROBERT A.
3010 SW 101 COURT
MIAMI, FL 33165

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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   (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	PONCE, ROBERT A.
STREET ADDRESS	3010 SW 101 COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	-
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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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: _____   3-21-2007   305-793-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #