

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002312

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: 2334 PONCE CORP.

## Current Principal Place of Business:

2334 PONCE DE LEON  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

145 MADEIRA AVENUE  
206  
CORAL GABLES, FL 33134 US

## New Mailing Address:

201 CROSS STREET  
MIAMI SPRINGS, FL 33166 US

FEI Number: 65-0544835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, SUSANA  
145 MADEIRA AVENUE  
206  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ARGUELLES, FRANCISCO J  
201 CROSS STREET  
MIAMI SPRINGS, FL 33166 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: FRANCISCO J. ARGUELLES

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAIDEN, AMIN  
Address: 145 MADEIRA AVENUE #206  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: SAIDEN, SILVIA A. DE  
Address: 145 MADEIRA AVENUE #206  
City-St-Zip: CORAL GABLES, FL 33134

Title: T D ( ) Delete  
Name: SAIDEN, SILVIA  
Address: 145 MADEIRA AVENUE #206  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SAIDEN, AMIN  
Address: 201 CROSS STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VD (X) Change ( ) Addition  
Name: SAIDEN, SILVIA A. DE  
Address: 201 CROSS STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T D (X) Change ( ) Addition  
Name: SAIDEN, SILVIA  
Address: 201 CROSS STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: AMIN SAIDEN

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date