


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 039 ***150.00

DOCUMENT # 345655 1. Entity Name RONCO BUILDING, CORP.					
Principal Place of Business 4801 E. 8TH AVE., #7 HIALEAH, FL 33013-2058			Mailing Address 440 N.W. 132 AVE. MIAMI, FL 33182 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1265983	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PONCE DE LEON, TERESA 440 N.W. 132 AVE. MIAMI, FL 33182				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PONCE DE LEON, EDUARDO 440 N.W. 132 AVE. MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PONCE DE LEON, MARIA J 440 NW 132 AVENUE MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PONCE DE LEON, TERESA 440 NW 132 AVENUE MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> SECRETARY OF TREAS. 6-11-07 (305) 553-2065					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40120000



05232007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PONCE DE LEON, EDUARDO 440 N.W. 132 AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PONCE DE LEON, MARIA J 440 NW 132 AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PONCE DE LEON, TERESA 440 NW 132 AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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ATTACHMENT
40120862
Division of Corporations

Annual Report

Annual Report Help

Document Number

345655

Business Entity Name

RONCO BUILDING, CORP.

FEI Number

591265983

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not
Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund
Contribution

☐ Yes ☒ No

Principal Place of Business

Address **4801 E. 8TH AVE., #7**

Suite, Apt. #, etc.

City, State **HIALEAH**, FL

Zip Code & Country **330132058**

Mailing Address

Address **440 N.W. 132 AVE.**

Suite, Apt. #, etc.

City, State **MIAMI**, FL

Zip Code & Country **33182** US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **PONCE DE LEON , TERESA**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **440 N.W. 132 AVE.**

Suite, Apt. #, etc.

City, State **MIAMI**, FL

Zip Code & Country **33182** US

If there is a change in registered agent, the new agent will need to type their name
in the 'Registered Agent Signature' block below to accept the designation of

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title VP

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

PONCE DE LEON, EDUARDO

Street Address

440 N.W. 132 AVE.

City, State

MIAMI

, FL

Zip Code & Country

Title

P

Name (Last, First, Middle, Title)

PONCE DE LEON , MARIA

, J

- OR -

Entity Name to serve as
Officer/Director

Street Address

440 NW 132 AVENUE

City, State

MIAMI

, FL

Zip Code & Country

Title

S

Name (Last, First, Middle, Title)

PONCE DE LEON , TERESA

- OR -

Entity Name to serve as
Officer/Director

Street Address

440 NW 132 AVENUE

City, State

MIAMI

, FL

Zip Code & Country

40120862
#345655

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

SECRETARY OF TRE.

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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