

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90010 048 ***158.75

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1. Entity Name

PONCE REALTY CORPORATION



Principal Place of Business

53 PALMERAS ST
EL CARIBE BLDG. STE PH
SAN JUAN PR 00901-2419
US

Mailing Address

PO BOX 71450
SAN JUAN PR 00936-1450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, JOSEPH M
9795 SOUTH DIXIE HWY
PINECREST FL 33156

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.

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDC ☐ Delete
NAME FONALLEDAS-RUBERT, JAIME ESQ
STREET ADDRESS CHARDON TOWER SUITE 900 350 CHARDON AVE
CITY-ST-ZIP HATO REY PR 00918

TITLE VSTD ☐ Delete
NAME ASON, ELIAS R PHD
STREET ADDRESS EL CARIBE BLDG., PH 53 PALMERAS ST
CITY-ST-ZIP SAN JUAN PR 00901

TITLE D ☐ Delete
NAME UBARRI-BENITEZ, RAUL
STREET ADDRESS CHARDON TOWER SUITE 900 350 CHARDON AVE
CITY-ST-ZIP HATO REY PR 00918

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE El Caribe Bldg. Ste 501 ☒ Change ☐ Addition
NAME San Juan PR 00901
STREET ADDRESS
CITY-ST-ZIP

TITLE DS (Assistant Secretary) ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 16, 2004

(787) 725-4854

Date

Daytime Phone #