2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # F9600003095 1. Entity Name PONCE REALTY CORPORATION						04-17-2006 90393 031 ***150.00				
Principal Place of Business 9795 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 US		Mailing Address 9795 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 US		J			: :			nss(() (83)
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04132006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State		•		4. FEI Number 66-0531	940		⊢	plied For t Applicable
Zip	Country	Zip	Coun	itry		5. Certificate of			8.75 Add ee Require	litional d
	6. Name and Address of Curren	t Registered Agent		Ners		7. Name and A	ddress of New R	egistered A	gent	
VATROUS	IS, GEORGE			Name						
9795 SOUTH DIXIE HWY MIAMI, FL 33156				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					e
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										
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	ncing	\$5. Adde	00 May Be ed to Fees						
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	CPCD	🔯 Delete	TITLE	- 1	PCEO				Change	X Addition
NAME STREET ADDRESS CITY-ST-ZIP	9795 SOUTH DIXIE HWY			E ET ADDRESS -ST-ZIP	LUIS BEAUCHAMP 9795 SOUTH DIXIE HWY MIAMI,FL 33156					
TITLE	VDCC 🗓 Delete		TITLE	TLE EVCO					☐ Change	X Addition
NAME	ASTOR, ANNIE					LIO ALEMAN				-
STREET ADDRESS CITY-ST-ZIP	9795 SOUTH DIXIE HWY MIAMI, FL 33156			CUTY OF TIP		SOUTH DIXIE HWY I, FL 33156				
TITLE	EVDC	□ Delete	TITLE		nian,	I, FL 33130			Change	☐ Addition
NAME	PASARELL, DACIO		NAM	E						
STREET ADDRESS CITY-ST-ZIP	9795 SOUTH DIXIE HWY			ET ADDRESS						
TITLE	MIAMI, FL 33156	☐ Delete	TITLE	-ST-ZIP					Channe	T Augustia
NAME		L Delete	NAM	1					☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAMI						☐ Change	Addition
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			CITY	- ST-ZIP						
TITLE NAME		☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS			NAM: STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
49 Danieles	certify that the information supplied wit	the thin filling along the second to the filling				1- Oh 1- 440 I				

Thereby 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 expowered.

SIGNATURE:

THE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305)740-9522