

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G29137

1. Entity Name  
VESUBIO CONSTRUCTION CORPORATION



Principal Place of Business  
4801 E 8TH AVE #7  
HIALEAH, FL 33013-2058

Mailing Address  
440 NW 132 AVE  
MIAMI, FL 33182 US

FILED  
10 JUN -7 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052010 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number

59-2377472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERESA PONCE DE LEON  
440 NW 132 AVENUE  
MIAMI, FL 33182

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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 24, 2010**

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

TITLE VP ☐ Delete  
NAME PONCE DE LEON, EDUARDO  
STREET ADDRESS 4440 NW 132 AVE  
CITY- ST- ZIP MIAMI, FL

TITLE P ☐ Delete  
NAME PONCE DE LEON, MARIA J  
STREET ADDRESS 440 NW 132 AVENUE  
CITY- ST- ZIP MIAMI, FL

TITLE S ☐ Delete  
NAME PONCE DE LEON, TERESA  
STREET ADDRESS 440 NW 132 AVENUE  
CITY- ST- ZIP MIAMI, FL

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

TITLE ☐ Change ☐ Addition  
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TERESA PONCE DE LEON 6/4/10 (776) 5743685