

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # J85639**

1. Entity Name  
**PONTE ELECTRIC, INC.**



Principal Place of Business

% BLANCA L. PONTE  
1330 N.W. 113 TERR  
MIAMI FL 33167

Mailing Address

% BLANCA L. PONTE  
1330 N.W. 113 TERR  
MIAMI FL 33167



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2826460**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

PONTE, LUCIEN J.  
1330 N.W. 113 TER  
MIAMI FL 33167

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, 2007 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	D	Delete
NAME	PONTE, LUCIEN J.	
STREET ADDRESS	1330 N.W. 113 TER	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	Delete
NAME	PONTE, BLANCA L.	
STREET ADDRESS	1330 N.W. 113 TER	
CITY-STATE-ZIP	MIAMI FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

U000000731928  
05/09/07-80025-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Blanca L. Ponte Blanca L. Ponte 4/21/07 305-751-4207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #