

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42188

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: 1313 PONCE DE LEON BUILDING, INC.

**Current Principal Place of Business:**

C/O G. FRANK QUESADA  
1313 PONCE DE LEON BLVD, SUITE 200  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O G. FRANK QUESADA  
1313 PONCE DE LEON BLVD, SUITE 201  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-2748018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUESADA, G. FRANK  
1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

QUESADA, G. FRANK  
1313 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_ 04/27/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: RIVERO, MANUEL L.  
Address: 1313 PONCE DE LEON BLVD., SUITE 201  
City-St-Zip: CORAL GABLES, FL

Title: DP ( ) Delete  
Name: QUESADA, G. FRANK  
Address: 1313 PONCE DE LEON BLVD., SUITE 200  
City-St-Zip: CORAL GABLES, FL

Title: DS ( ) Delete  
Name: SANCHEZ-GALARRAGA, JORGE  
Address: 1313 PONCE DE LEON BLVD., SUITE 301  
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL L. RIVERO      TD      04/27/2009  
Electronic Signature of Signing Officer or Director      Date