

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 038 ***150.00

DOCUMENT # M50160

1. Entity Name
PONCE DE LEON CONSTRUCTION CORPORATION



Principal Place of Business
**4801 E. 8 AVE.
APT. 7
HIALEAH, FL 33013-2056**

Mailing Address
**440 NW 132 AVE
MIAMI, FL 33182 US**

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

05232007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0042477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TERESA PONCE DE LEON
440 N.W. 132 AVE
MIAMI, FL 33182**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 **P** ☐ Delete
NAME **PONCE DE LEON, EDUARDO**
STREET ADDRESS **440 NW 132 AVE**
CITY - ST - ZIP **MIAMI, FL**

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

TITLE **VP** ☐ Delete
NAME **PONCE DE LEON, MARIA J**
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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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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-11-07

(305) 553-2665



ATTACHMENT
40120863
Division of Corporations

Annual Report

Annual Report Help

Document Number

M50160

Business Entity Name

PONCE DE LEON CONSTRUCTION CORPORATION

FEI Number

650042477

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not
Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund
Contribution

☐ Yes ☒ No

Principal Place of Business

Address **4801 E. 8 AVE.**
Suite, Apt. #, etc. **APT. 7**
City, State **HIALEAH**, **FL**
Zip Code & Country **330132056**

Mailing Address

Address **440 NW 132 AVE**
Suite, Apt. #, etc.
City, State **MIAMI**, **FL**
Zip Code & Country **33182** **US**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

TERESA PONCE DE LEON

Address (PO Box is not acceptable) **440 N.W. 132 AVE**

Suite, Apt. #, etc.

City, State **MIAMI**, **FL**

Zip Code & Country **33182** **US**

If there is a change in registered agent, the new agent will need to type their name
in the 'Registered Agent Signature' block below to accept the designation of

ATTACHMENT
40120863 # M50160

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as OFFICER/DIRECTOR PONCE DE LEON, EDUARDO

Street Address 440 NW 132 AVE
City, State MIAMI, FL
Zip Code & Country

Title TS
Name (Last, First, Middle, Title) PONCE DE LEON, TERESA

- OR -

Entity Name to serve as OFFICER/DIRECTOR
Street Address 440 NW 132 AVE
City, State MIAMI, FL
Zip Code & Country

Title VP
Name (Last, First, Middle, Title) PONCE DE LEON, MARIA, J

- OR -

Entity Name to serve as OFFICER/DIRECTOR
Street Address 440 NW 132 AVENUE
City, State MIAMI, FL
Zip Code & Country

40120863
m50160

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

S


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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