


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

*efile, submitted*  
**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M50160</b> 1. Entity Name <b>PONCE DE LEON CONSTRUCTION CORPORATION</b>	
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Principal Place of Business <b>4801 E. 8 AVE. APT. 7 HIALEAH, FL 33013-2056</b>	Mailing Address <b>440 NW 132 AVE MIAMI, FL 33182 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0042477</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONCE DE LEON, EDUARDO 440 NW 132 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PONCE DE LEON, TERESA 440 NW 132 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONCE DE LEON, MARIA J 440 NW 132 AVENUE MIAMI, FL
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05/16/08-80029-002 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Eduardo Ponce de Leon* **1-15-08** **(305) 573-2065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #