

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M50160

1. Entity Name
PONCE DE LEON CONSTRUCTION CORPORATION



FILED

10 JUN -7 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

05052010 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number

65-0042477

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 N.W. 132 AVE
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Addition
900180450899
05/06/10--01008--005 **150.08

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

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

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

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

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 (786) 574-3625