


# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 JUN -7 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05052010 Chg-P CR2E034 (11/08)

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  <b>TERESA PONCE DE LEON 440 N.W. 132 AVE MIAMI, FL 33182</b>	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PONCE DE LEON, EDUARDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	440 NW 132 AVE	NAME	
STREET ADDRESS	MIAMI, FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	TS PONCE DE LEON, TERESA <input type="checkbox"/> Delete	TITLE	<b>900180450899</b> <input type="checkbox"/> Addition
NAME	440 NW 132 AVE	NAME	<b>05/06/10--01008--005 **150.08</b>
STREET ADDRESS	MIAMI, FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	VP PONCE DE LEON, MARIA J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	440 NW 132 AVENUE	NAME	<i>[Handwritten Signature]</i>
STREET ADDRESS	MIAMI, FL	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: *[Handwritten Signature]* **TERESA PONCE DE LEON** Date: **5/6/10** (786) JTY3625

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