2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009425

FILED Jan 20, 2005 Secretary of State

Entity Name: THE PONCE TOWER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1804 PONCE DE LEON BLVD CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

1804 PONCE DE LEON BLVD CORAL GABLES, FL 33134

FEI Number: 20-1736194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PATRICIA KIMBALL FLECTCHER, P.A. C/O DUANE MORRIS, LLP 200 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131 US VILLA SALES CENTER 1804 PONCE DE LEON BLVD. 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: JUAN CARLOS MENENDEZ 01/20/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 MENENDEZ, JUAN C
 Name:

 Address:
 1804 PONCE DE LEON BLVD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition

 Name:
 PINO, SERGIO
 Name:

 Address:
 7270 N.W. 12TH STREET STE 410
 Address:

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:

Title: DST () Delete Title: DST (X) Change () Addition

Name:AGUILLERA, NANCYName:AGUILERA, NANCYAddress:1804 PONCE DE LEON BLVDAddress:1804 PONCE DE LEON BLVDCity-St-Zip:CORAL GABLES, FL 33134City-St-Zip:CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CARLOS MENENDEZ DP 01/20/2005