
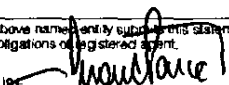
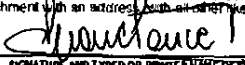


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90826 022 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80102806

DOCUMENT # P00000042970			
1. Entity Name PONCE & PONCE, INC.			
Principal Place of Business 1444 N.W. 82ND AVE. MIAMI, FL 33126		Mailing Address 1444 N.W. 82ND AVE. MIAMI, FL 33126	
2. Principal Place of Business 2289 NW 82 Ave Suite, Apt. #, etc.		3. Mailing Address 2289 NW 82 AVE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
4. FEI Number 65-1011505		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PONCE, JUAN C 3520 N.W. 115 AVENUE MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: PONCE, JUAN C Street Address (P.O. Box Number is NOT Acceptable): 2289 NW 82 AVE City: MIAMI, FL FL Zip Code: 33122	
8. The above named entity supports 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:  REGISTERED AGENT - PRESIDENT 04/23/03 <small>(NOTE: Registered Agent signature required when registering.)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PSD	<input type="checkbox"/> Delete	
NAME	PONCE, JUAN C		
STREET ADDRESS	1444 NW 82ND AVE.		
CITY-ST-ZIP	MIAMI, FL 33126		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUAN PONCE		
STREET ADDRESS	2289 NW 82 AVE		
CITY-ST-ZIP	MIAMI, FL 33122		
12. I hereby certify that the information supplied with this filing does not qualify 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 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, such as an officer empowered.			
SIGNATURE:  JUAN PONCE		04/23/03 3056299940	

CHECK ONE (10/02)