2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066470

Entity Name: PONSA CORPORATION

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2000 NORTH OCEAN BLVD. PH 1 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

1200 BRICKELL AVENUE SUITE 900 SUITE 300 MIAMI, FL 33131 1000 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131

FEI Number: 65-1129485 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:

AGI REGISTERED AGENTS, INC.

1200 BRICKELL AVENUE

SUITE 900

MIAMI, FL 33131 US

AGI REGISTERED AGENTS, INC.

1000 BRICKELL AVENUE

SUITE 300

MIAMI, FL 33131 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: ROBERT R. ADAMS 04/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PONCE (SR), OSWALDO JOSE PONCE (SR), OSWALDO JOSE Name: Name: C/O 1200 BRICKELL AVENUE, SUITE 900 Address: C/O 1000 BRICKELL AVENUE, SUITE 300 Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

Title: DV () Delete Title: DV (X) Change () Addition
Name: PONCE, CARLOS ALBERTO Name: PONCE, CARLOS ALBERTO

Address: C/O 1200 BRICKELL AVENUE, SUITE 900 Address: C/O 1000 BRICKELL AVENUE, SUITE 300

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete Title: D (X) Change () Addition Name: PONCE, JOSE ANTONIO Name: PONCE, JOSE ANTONIO

Address: C/O 1200 BRICKELL AVENUE, SUITE 900 Address: C/O 1000 BRICKELL AVENUE, SUITE 300

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete Title: D (X) Change () Addition
Name: PONCE, LETICIA MARIA Name: PONCE, LETICIA MARIA

Address: C/O 1200 BRICKELL AVENUE, SUITE 900 Address: C/O 1000 BRICKELL AVENUE, SUITE 300

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: PONCE, MONICA MARIA Name: PONCE, MONICA MARIA

Address: C/O 1200 BRICKELL AVENUE, SUITE 900 Address: C/O 1000 BRICKELL AVENUE, SUITE 300

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

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

 Name:
 PONCE (JR), OSWALDO JOSE
 Name:
 PONCE (JR), OSWALDO JOSE

Address: C/O 1200 BRICKELL AVENUE, SUITE 900 Address: C/O 1000 BRICKELL AVENUE, SUITE 300

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALDO JOSE PONCE, SR. P/D 04/18/2008