


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000109697 1. Entity Name PONS QUINTANA INTERNATIONAL, INC.	
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Principal Place of Business
4995 NW 72 AVE SUITE 302
MIAMI, FL 33166

Mailing Address
4995 NW 72 AVE SUITE 302
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0031248	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONS QUINTANA, SANTIAGO
4995 NW 72ND AVE STE #302
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PONS QUINTANA, SANTIAGO C/SAN ANTONIO 120, 07730 ALAYOR, MENORCA, SPAIN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PONS PALLISER, SANTIAGO C/SAN ANTONIO 120, 07730 ALAYOR, MENORCA, SPAIN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PONS PALLISER, MAGDALENA C/SAN ANTONIO 120, 07730 ALAYOR, MENORCA, SPAIN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCARO, INES PALLISER C/SAN ANTONIO 120, 07730 ALAYOR, MENORCA, SPAIN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/28/05-80103-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

MAGDALENA PONS PALLISER 4/25/05 305-477-3765