

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90341 049 \*\*\*150.00

**DOCUMENT # P01000109697**

1. Entity Name

PONS QUINTANA INTERNATIONAL, INC.



Principal Place of Business

4995 NW 72 AVE SUITE 302  
MIAMI, FL 33166

Mailing Address

4995 NW 72 AVE SUITE 302  
MIAMI, FL 33166

40072006



04272006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

80-0031248

Applied For

Not Applicable

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, 2006 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	

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGDALENA PONS PALLISER 4/27/06 305-477-3765

Date

Daytime Phone #