

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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**



04182008 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 11/00/00 09/12/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

05/07/08-80064-018 150.00

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, with all other like empowered.

SIGNATURE:

By Pons Quintana Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08
Date

Daytime Phone #