2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P02000047076 1. Entity Name 2002 PONCE, INC.					04-25-2005 90	0279 027 ***150	0.00
Principal Place of Business Mailing Address .							
900 INGRHAM 25 S.E. 2ND AVENUE 900 INGRHAM 25 S.E. 2ND AVENUE MIAMI, FL 33131 MIAMI, FL 33131							
2. Principal Place of Business Two Alhambra Plaza Two Alhambra Plaza							
Suite, Apt. #, etc. Penthouse 1B Suite, Apt. #, etc. Penthouse 1R			R	01192005	Chg-P	CR2E034 (10/03)	
Com (GABIOS, 71.	City & State GAble	es, F1	4. FEI Number 42-1535	755		Applicable
3313	JY Country SA	<u>33134 L</u>	Untry J&A		f Status Desired	\$8.75 Addi	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM				Street Address (P.O. Box Number is Not Acceptable) TWO A h mmbra D/AZA			
25 S.E. 2ND AVENUE MIAMI, FL 33131			Pent	house 11	3		
			Cora	1 GAble	2	FL Zip Code	34
8. The above named entity submits his 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 9/8/04							
Signature, typed or pystod name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND DIRE		1.		HANGES TO OFFIC	ERS AND DIRECTORS	
TITLE NAME	PSTD ORTIZ, JOSE			25TD 2112, JOSE	<u>, </u>	Change	Addition
STREET ADDRESS CITY+ST-ZIP	25 SE 2ND AVE STE # 900 MIAMI, FL 33131	■ '		WO Alham			e 75
THILE	AS		rince 🏳	45	wes, H-	Change	Addition
NAME STREET ADDRESS	MURAI, RENE 25 SE 2ND AVE # 900		NAME TREET ADDRESS	norai, Rene Two Alna	y. Mbra Pla	2A Fertho	xxe 43
CITY - ST - ZIP	MIAMI, FL 33131		CITY-ST-ZIP	oral GAK	les , 71.	33134	
TITLE NAME		C_	TITLE .			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE			☐ Change	Addition
NAME . STREET ADDRESS			NAME Street address				
CITY-SI-ZIP			CITY-ST-ZIP				
TITLE			TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				l l
CITY-ST-ZIP			CITY-ST-ZIP			Channe	C Addition
HAME.			TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12 I baraby	certify that the information supplied with this	tiling does not qualify for the s	evametion stated	in Section 119.07(3)(i)	, Florida Statutes. I fi	urther certify that the in	formation
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 appears, with all other like empowered.							