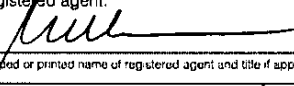
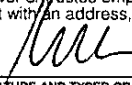


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90279 024 ***150.00

DOCUMENT # P02000059466 1. Entity Name PONCE RESTAURANTS, INC.					
Principal Place of Business 25 SE 2ND AVE STE 900 MIAMI, FL 33131			Mailing Address 25 SE 2ND AVE SUITE 900 MIAMI, FL 33131		
2. Principal Place of Business Two Alhambra Plaza Suite, Apt. #, etc. Penthouse 1B City & State Coral Gables, FL Zip 33134 Country USA		3. Mailing Address Two Alhambra Plaza Suite, Apt. #, etc. Penthouse 1B City & State Coral Gables, FL Zip 33134 Country USA			
01192005 Chg-P CR2E034 (10/03)				4. FEI Number 22-3858633	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO, P.A. 25 SE 2ND AVE STE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno Brachin, P.A. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1B City Coral Gables State FL Zip Code 33134		
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  DATE 4/14/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ORTIZ, JOSE STREET ADDRESS C/O MURAI WALD 25 SE 2ND AVE #900 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE D NAME ORTIZ, JOSE STREET ADDRESS Two Alhambra Plaza, Penthouse 1B CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition	
TITLE P NAME CENTURION, CARLOS STREET ADDRESS 25 SE 2ND AVE STE 900 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE P NAME Centurion, Carlos STREET ADDRESS Two Alhambra Plaza, Penthouse 1B CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition	
TITLE VP NAME ORTIZ, JOSE STREET ADDRESS 25 SE 2ND AVE STE 900 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE VP NAME ORTIZ, JOSE STREET ADDRESS Two Alhambra Plaza, Penthouse 1B CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition	
TITLE AS NAME MURAI, RENE STREET ADDRESS 25 SE 2ND AVE STE 900 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE AS NAME Murai, Rene STREET ADDRESS Two Alhambra Plaza, Penthouse 1B CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition	
TITLE SEC NAME ORTIZ, JOSE STREET ADDRESS 25 SE 2ND AVE STE 900 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE SEC NAME ORTIZ, JOSE STREET ADDRESS Two Alhambra Plaza, Penthouse 1B CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Rene V. Murai, AS Date 2/4/05 Daytime Phone # 305-444-0101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					