FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 21, 2004 8:00 am Secretary of State

(305) 557-9914

DOCUMENT # P03000078204					06-21-2004 90002 023 ***150.00			
1. Entity Name								
PONPA	L ENTERPRISES, IN	c.						
	DO NOT WRITE	IN THIS SE	PACE		540	58	128	
,	NW 63 CT	· ·	rincipal					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- 1	DO NOT WRITE IN TI	4IS SF	ACE	
City & State		City & State		4	I. FEI Number		Applied For	
Miami Zip.——	FL. Country_	Zip	Country		03-0523578	\$	Not Applicable 8.75 Additional	
33015	. 1"		Codiniy	. 5	. Certificate of Status Desired		ee Required	
			Name	7.	Name and Address of Current Regist	ered A	Agent	
	DO NOT W	DITE						
			Street Ad	ldress (P.O). Box Number is Not Acceptable)			
	IN THIS SI	'ACE						
			City			FL	Zip Code	
8. The above	named entity submits this statement (or the purpose of changing its	registered office or	registered	agent, or both, in the State of Florida.		<u> </u>	
	,		· ·	•				
SIGNATURE .	Signature, typed or printed name of registered agen	and title if anolicable (NOT	E: Registered Agent signatur	re recuired who	en remstalmen Di	ME.		
0 This	· · · · · · · · · · · · · · · · · · ·	tonuary 4 N	hay 1 Fee is \$150	· . Grotinis -				
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1, Fee is \$550.00 d UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
	ria on back)	Make Check Payat		of State				
11.	P/D OFFICERS AND	DIRECTORS	TITLE					
NAME	POLO, LUIS E.		NAME					
STREET ADDRESS	17952 NW 63 CT.		STREET ADDRESS					
CITY-ST-ZIP	Miami, FL. 33015		CITY-ST-ZIP	45 F		<u> </u>	<u> </u>	
TITLE NAME	S/D	•	TITLE*			• . :		
STREET ADDRESS	POLO, CHERLY J.		STREET ADDRESS		المنابعة الم	· 		
CITY-ST-ZIP	Miami, FL. 33015		CITY-ST-ZIP			<u> </u>		
NAME	,		NAME					
STREET ADDRESS			STREET ADDRESS		DO NOT W	21 7	re de la compa	
CITY-ST-ZIP			CITY-ST-ZIP					
NAME			NAME		IN THIS SP	AL	,E	
STREET ADDRESS	·		STREET ADDRESS CITY-ST-ZIP					
TITLE			TITLE					
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TITLE		$\frac{1}{2}$	TILE					
NAME		IN	NAME					
STREET ADDRESS CITY-ST-ZIP	[//]/ /	/// /./ / / / ·	STREET ADDRESS CITY-ST-ZIP					
12 I boroby	certify that the information supplied w	In this fitting ploes/not greatily fo	or the everyotion stat	ed in Sect	ion 119.07(3)(i), Florida Statutes. I furth	er ceri	ify that the information	
of the co	d on this report of supplemental region progration or the receiver or taustee of	is/true/and/accurate and that repowered to execute this repo	my signature shall hort as required by Ch	ave the sa napter 607	me legal effect as if made under oath; t Florida Statutes; and that my name ap	sat La pears	m an officer of director in Block 11 or on an	
attachme	ent with an address, with all otherwise	empowered.	-					

Affachment

54058128

Ponpal Enterprises, Inc. 17952 NW 63 Ct Miami, FL 33015

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

-RE:-P03000078204

I am writing to you because I did not receive the 2004 annual report for my business. I became aware of your new change in procedures when I contacted your office. I do not recall receiving the post card alerting the annual report. I ask that you please waive the penalty in the amount of \$400.00 and accept my renewal fee in the amount of \$150.00, since I do not have the money to pay for the penalty. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter,

Luis E. Polo

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