

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135325

Entity Name: PONCE FRAMING, INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

3832 CROW'S NEST DRIVE  
APT 201  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

3832 CROW'S NEST DRIVE  
APT 201  
KISSIMMEE, FL 34741

## New Mailing Address:

FEI Number: 13-4269540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALLEJO, OLGA  
3832 CROW'S NEST DRIVE  
APT 201  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PONCE, RENE  
Address: 3832 CROW'S NEST DRIVE APT 201  
City-St-Zip: KISSIMMEE, FL 34741

Title: SECT ( ) Delete  
Name: VALLEJO, OLGA  
Address: 3832 CROW'S NEST DRIVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete  
Name: BURGOS, JUAN L  
Address: 504 MACAW LANE #8  
City-St-Zip: FERN PARK, FL 32730

Title: T (X) Delete  
Name: DITREN, JOSE RAMON  
Address: 2508 PARADISE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BURGOS, JUAN L  
Address: 504 MACAW LANE # 8  
City-St-Zip: FERN PARK, FL 32730

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA VALLEJO

SECT

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date