

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR 5 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000009721

1. Entity Name
PONCE DE LEON INVESTMENTS III, INC.



Principal Place of Business
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

Mailing Address
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0620365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

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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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/27/08
DATE

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALAYON, RICHARD A ESQ.
STREET ADDRESS 4551 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME ALAYON, MARTHA L
STREET ADDRESS 4551 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146

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03/11/08--01003--004 **150.00

DO NOT WRITE
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08 305-221-2110
Date Daytime Phone #