

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007181

FILED
Feb 02, 2006
Secretary of State

Entity Name: PONCE-SILVA & ASSOCIATES, INC

Current Principal Place of Business:

2853 EXECUTIVE PARK DRIVE
SUITE 105
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

2853 EXECUTIVE PARK DRIVE
SUITE 105
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 20-3143515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYOS FINANCIAL GROUP, INC
2853 EXECUTIVE PARK DRIVE
SUITE 105
WESTON, FL 33331 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: D () Delete
Name: URIBE, LEONOR
Address: 286 RACQUET CLUB ROAD # 101
City-St-Zip: WESTON, FL 33326 US

Title: VP () Delete
Name: PONCE, LUIS A
Address: 1726 VICTORIA POINT CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: S () Delete
Name: SILVA, MARIA A
Address: 577 SPINNAKER
City-St-Zip: WESTON, FL 33326 US

Title: T () Delete
Name: NAGEN, MARY
Address: 1726 VICTORIA POINT CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: P () Delete
Name: SILVA, ORLANDO J
Address: 577 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: PONCE, GUILLERMO
Address: 2853 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Chapter 119, 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: LEONOR URIBE

D

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date