

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jan 22, 2007
Secretary of State**

DOCUMENT# P05000007181

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

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: PONCE, GUILLERMO
Address: 1726 VICTORIA POINT CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: DVP () Delete
Name: SILVA, MARIA A
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 105
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PONCE, GUILLERMO
Address: 1726 VICTORIA POINT CIRCLE
City-St-Zip: WESTON, FL 33327 US

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: GUILLERMO PONCE

P

01/22/2007

Electronic Signature of Signing Officer or Director

Date