

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020252

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: PONCE DE LEON PREMIER CORP.

## Current Principal Place of Business:

PO BOX 171867  
HIALEAH, FL 33017

## New Principal Place of Business:

18386 NW 76 PATH  
HIALEAH, FL 33015 MD

## Current Mailing Address:

PO BOX 171867  
HIALEAH, FL 33017

## New Mailing Address:

18386 NW 76 PATH  
HIALEAH, FL 33015 MD

FEI Number: 20-2370916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PONCE DE LEON, ALAIN  
40 WEST 25 STREET  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

PONCE DE LEON, ALAIN DIRECTO  
18386 NW 76 PATH  
HIALEAH, FL 33015 US

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: PONCE DE LEON, ALAIN

08/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PONCE DE LEON, ALAIN  
Address: PO BOX 171867  
City-St-Zip: HIALEAH, FL 33017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PONCE DE LEON, ALAIN DIRECTO  
Address: 18386 NW 76 PATH  
City-St-Zip: HIALEAH, FL 33015 MD

I hereby certify that the information supplied with this filing does not qualify 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: PONCE DE LEON, ALAIN

DIR

08/30/2007

Electronic Signature of Signing Officer or Director

Date