

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90393 032 ***150.00

DOCUMENT # P05000065024 1. Entity Name PONCE GENERAL CORPORATION					
Principal Place of Business 9795 SOUTH DIXIE HWY MIAMI, FL 33156 US			Mailing Address 9795 SOUTH DIXIE HWY MIAMI, FL 33156 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 66-0471662	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YATROUSIS, GEORGE 9795 SOUTH DIXIE HWY MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCD ALVAREZ, ANGEL 9795 SOUTH DIXIE HWY MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LUIS BEAUCHAMP 9795 SOUTH DIXIE HWY MIAMI, FL 33156
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCC ASTOR, ANNIE 9795 SOUTH DIXIE HWY MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCO AURELIO ALEMAN 9795 SOUTH DIXIE HWY MIAMI, FL 33156
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC PASARELL, DACIO 9795 SOUTH DIXIE HWY MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC PASARELL, DACIO 9795 SOUTH DIXIE HWY MIAMI, FL 33156
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC PASARELL, DACIO 9795 SOUTH DIXIE HWY MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC PASARELL, DACIO 9795 SOUTH DIXIE HWY MIAMI, FL 33156
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC PASARELL, DACIO 9795 SOUTH DIXIE HWY MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDC PASARELL, DACIO 9795 SOUTH DIXIE HWY MIAMI, FL 33156
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>George Ponce</i>			4/13/06 (305) 740-9522		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		