

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90279 037 ***150.00

DOCUMENT # P05000148895

1. Entity Name
PONCHO VIEJO INC.



Principal Place of Business
**1555 S SEMORAN BLVD
1321
WINTER PARK, FL 32792 US**

Mailing Address
**1555 S SEMORAN BLVD
1321
WINTER PARK, FL 32792 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3780864

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRADO, JAVIER P
1555 S. SEMORAN BLVD
1321
WINTER PARK, FL 32792**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE MONTHLY FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	PRADO, JAVIER SR	
STREET ADDRESS	1555 S SEMORAN BLVD	
CITY - ST - ZIP	WINTER PARK, FL 32792	
TITLE	S	☐ Delete
NAME	ORTIZ, JOSE SR	
STREET ADDRESS	1555 S SEMORAN BLVD	
CITY - ST - ZIP	WINTER PARK, FL 32792	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change ☐ Addition
NAME	
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 *X* *Javier Prado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER PRADO P 3-27-06 407-677-7733

Date

Telephone