2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P05000148895** 04-23-2007 90062 018 ***150.00 1. Entity Name PONCHO VIEJO INC. Principal Place of Business Mailing Address 40012200 1555 S SEMORAN BLVD 1555 S SEMORAN BLVD 1321 1321 WINTER PARK, FL 32792 WINTER PARK, FL 32792 US HS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172007 Cha-P Applied For City & State City & State 4. FEI Number 20-3780864 Not Applicable Zip Country \$8.75 Additional 7in Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSORIO, GIOMAR PRADO, JAVIER P Street Address (P.O. Box Number is Not Acceptable) 1555 S. Semoran Blvd., #1321 1555 S. SEMORAN BLVD 1321 WINTER PARK, FL 32792 ^{City} Winter Park Zip Code 32792 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. Giomar Osorio (NOTE: Registered Agent signature required when reinstating) yped or printed name of registered agent and title if applicable Signalu 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD ☐ Change X Addition Delete TITLE TITLE NAME PRADO, JAVIER SR NAME OSORIO, GIOMAR 1555 S SEMORAN BLVD STREET ADDRESS 1555 S. Semoran Blvd., #1321 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP Winter Park, FL 32792 Addition Delete Change TITLE TITLE NAME ORTIZ, JOSE SR NAME ALZATE, MARY 1555 S. Semoran Blvd., #1321 STREET ADDRESS 1555 S SEMOAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32792 Winter Park, FL 32792 ☐ Change TITLE ☐ Detete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Onygiomar Osorio, Pres.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oaytime Phone #

SIGNATURE: <u>人</u>