


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 039 ***150.00

DOCUMENT # P33657 1. Entity Name INVERSIONES PONCE S.A.					
Principal Place of Business % OCEAN BANK ATTN: NABEL POZA 780 N.W. LEJEUNE RD. SUITE 501 MIAMI, FL 33143 US			Mailing Address % OCEAN BANK ATTN: NABEL POZA 780 N.W. LEJEUNE RD. SUITE 501 MIAMI, FL 33143 US		
2. Principal Place of Business % Ocean Bank Attn: Nabel Poza		3. Mailing Address %Ocean Bank - NabelPoza			
Suite, Apt. #, etc. 1000 Brickell Avenue #1200		Suite, Apt. #, etc. 1000 Brickell Ave #1200			
City & State Miami, FL		City & State Miami, FL			
Zip 33131		Country USA		4. FEI Number 65-0328509	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POZA, NABEL 780 NW LEJEUNE RD SUITE 501 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Isabel Diaz Moro Street Address (P.O. Box Number is Not Acceptable) c/o Ocean Bank - Attn: NabelPoza 1000 Brickell Avenue - Suite 1200 City Miami FL Zip Code 33131		
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 (x) <u><i>Isabel Diaz Moro</i></u> Isabel Diaz Moro 02-17-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP DIAZ-MORO, ISABEL 7050 SW 86TH AVE MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ-MORO, FRANCISCO 7050 SW 86TH AVE MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIAZ-MORO, LUISA F. 7050 SW 86TH AVE MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIAZ-MORO, CEFERINO 7050 SW 86TH AVE MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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) <u><i>Isabel Diaz Moro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Isabel Diaz Moro - President			Date 02-17-05 Daytime Phone # (786) 866-3627		

00017043



01122005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0328509** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DIAZ-MORO, ISABEL
7050 SW 86TH AVE
MIAMI, FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DIAZ-MORO, FRANCISCO
7050 SW 86TH AVE
MIAMI, FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DIAZ-MORO, LUISA F.
7050 SW 86TH AVE
MIAMI, FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DIAZ-MORO, CEFERINO
7050 SW 86TH AVE
MIAMI, FL 33143

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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) *Isabel Diaz Moro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Isabel Diaz Moro - President

Date **02-17-05** Daytime Phone # **(786) 866-3627**