

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33657**

1. Entity Name  
**INVERSIONES PONCE S.A.**



Principal Place of Business

% OCEAN BANK ATTN: NABEL POZA  
1000 BRICKELL AVE, 1200  
MIAMI, FL 33131 US

Mailing Address

% OCEAN BANK ATTN: NABEL POZA  
1000 BRICKELL AVE, 1200  
MIAMI, FL 33131 US



02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0328509**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ MORO, ISABEL  
C/O OCEAN BANK- ATTN: NABEL POZA  
1000 BRICKELL AVENUE - SUITE 1200  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIAZ-MORO, ISABEL
STREET ADDRESS	7050 SW 86TH AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	TD
NAME	DIAZ-MORO, FRANCISCO
STREET ADDRESS	7050 SW 86TH AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	DS
NAME	DIAZ-MORO, LUISA F.
STREET ADDRESS	7050 SW 86TH AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	DVP
NAME	DIAZ-MORO, CEFERINO
STREET ADDRESS	7050 SW 86TH AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/07-80005-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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)

Isabel Diaz-Moro

3/30/07 (786) 866-3627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #