


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P33657 1. Entity Name INVERSIONES PONCE S.A.	
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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
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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0328509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000907271 05/05/08-80031-019 150.00
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10. OFFICERS AND DIRECTORS	
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	TD DIAZ-MORO, FRANCISCO 7050 SW 86TH AVE MIAMI, FL 33143
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	DVP DIAZ-MORO, CEFERINO 7050 SW 86TH AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4/15/2008 (786) 866-3627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Isabel Diaz Moro