2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028563

Entity Name: PONCE PARTNERSHIP, INC.

FILED Jul 07, 2004 Secretary of State

Entity Maine: FONGE PARTNERSHIP, ING.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	E DE LEON B BLES, FL 3313					
Current Mailing Address:			New Maili	New Mailing Address:		
1701 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			1801 ESPANOLA DRIVE MIAMI, FL 33133			
FEI Number:	65-0406130	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
SUITE 1611 NATIONSB FT. LAUDE	N, DOUGLAS A I, ONE FINANC ANK TOWER RDALE, FL 33	CIAL PLAZA 1394 US				
The above in the State		ubmits this statement for the po	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR						
		Signature of Registered Age			Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	P () E	Delete	Title:	() Change ()Addition	
City-St-Zip:	II GROVE ISLE D COCONUT GROV	PR. #1210	Name: Address: City-St-Zip:		,g- (
Title:	II GROVE ISLE D COCONUT GROV S () D	DR. #1210 /E, FL 33133 Delete	Address: City-St-Zip: Title:	•) Change()Addition	
Title: Name: Address:	II GROVE ISLE DICOCONUT GROVES S () DICOCONUT GROVES HASSINE, CATHY 1801 ESPANOLA	DR. #1210 /E, FL 33133 Delete Y NDRIVE	Address: City-St-Zip: Title: Name: Address:	HASSINE, CAT 1801 ESPANO) Change()Addition HY LA DRIVE	
Title: Name:	II GROVE ISLE D COCONUT GROV S () D HASSINE, CATHY	DR. #1210 /E, FL 33133 Delete Y NDRIVE	Address: City-St-Zip: Title: Name:	HASSINE, CAT 1801 ESPANO) Change()Addition HY	
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY HASSINE S 07/07/2004