

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028563

FILED
Jul 07, 2004
Secretary of State

Entity Name: PONCE PARTNERSHIP, INC.

Current Principal Place of Business:

1701 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1701 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

1801 ESPANOLA DRIVE
MIAMI, FL 33133

FEI Number: 65-0406130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKMAN, DOUGLAS A
SUITE 1611, ONE FINANCIAL PLAZA
NATIONSBANK TOWER
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HASSINE, SIMON
Address: 11 GROVE ISLE DR. #1210
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: HASSINE, CATHY
Address: 1801 ESPANOLA DRIVE
City-St-Zip: COCONUT GROVE, FL

Title: T () Delete
Name: ELIAS, PATRICIA
Address: 10000 SW 60 CT
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: HASSINE, MICHELE
Address: 11 GROVE ISLE DR. #1210
City-St-Zip: COCONUT GROVE, FL 33133

Title: V () Delete
Name: HASSINE, JACKIE
Address: 11 GROVE ISLE DR. #1210
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HASSINE, CATHY
Address: 1801 ESPANOLA DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: T (X) Change () Addition
Name: ELIAS, PATRICIA
Address: 11 GROVE ISLE DRIVE #1210
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

_____ Date