

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028563

FILED
Mar 21, 2009
Secretary of State

Entity Name: PONCE PARTNERSHIP, INC.

Current Principal Place of Business:

3179 VIA ABITARE WAY
COCONUT GROVE, FL 33133

New Principal Place of Business:

3782 MATHESON AVE
COCONUT GROVE, FL 33133

Current Mailing Address:

3179 VIA ABITARE WAY
COCONUT GROVE, FL 33133

New Mailing Address:

3782 MATHESON AVE
COCONUT GROVE, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: S () Delete
Name: HASSINE, CATHY
Address: 3179 VIA ABITARE WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: ELIAS, PATRICIA
Address: II GROVE ISLE DRIVE #1210
City-St-Zip: MIAMI, FL 33133

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

Title: V () Delete
Name: HASSINE, JACKIE
Address: II 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: 3782 MATHESON AVE
City-St-Zip: COCONUT GROVE, FL 33133

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

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 exemption stated 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 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

VP

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date