2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000069924

1. Entity Name
2222 PONCE CORP.

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY #781 CORAL GABLES, FL 33146	1320 SOUTH DIXIE HIGHWAY #781 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0866429	Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ
PHILLIPS EISINGER KOSS ET AL
4000 HOLLYWOOD BLVD #265S
HOLLYWOOD, FL 33021

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GREENWALD, ALLEN R
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY #781
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VSD
NAME	DAVIDE, ANTHONY
STREET ADDRESS	7333 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04--80065-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   1-16-04   954-800-33[??]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #