2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# V41217

Entity Name: 1401 PONCE DEVELOPMENT CORP.

Current Principal Place of Business:

1401 PONCE DE LEON
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

145 MADEIRA AVENUE
206
CORAL GABLES, FL 33134

New Mailing Address:

201 CROSS STREET
MIAMI SPRINGS, FL 33166

FEI Number: 65-0382679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, SUSANA I
145 MADEIRA AVENUE
206
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARGUELLES, FRANCISCO J
201 CROSS STREET
MIAMI SPRINGS, FL 33166 US

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: FRANCISCO J. ARGUELLES 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SAIDEN, AMIN
Address: 145 MADEIRA AVENUE #206
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete
Name: DESAIDEN, SILVIA A
Address: 145 MADEIRA AVENUE #206
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete
Name: SAIDEN, SILVIA
Address: 145 MADEIRA AVENUE #206
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SAIDEN, AMIN
Address: 201 CROSS STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VPD (X) Change ( ) Addition
Name: DESAIDEN, SILVIA A
Address: 201 CROSS STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD (X) Change ( ) Addition
Name: SAIDEN, SILVIA
Address: 201 CROSS STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: AMIN SAIDEN PD 04/26/2006
Electronic Signature of Signing Officer or Director Date