


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V44533**

1. Entity Name  
**PONCE DE LEON CORP.**



Principal Place of Business <b>201 S. BISCAYNE BLVD.          34TH FLOOR- MIAMI CENTER          MIAMI, FL 33131 US</b>	Mailing Address <b>201 S. BISCAYNE BLVD.          34TH FLOOR- MIAMI CENTER          MIAMI, FL 33131 US</b>
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0338900</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRELL GROUP CORPORATE SERVICES, LLC  
 201 S. BISCAYNE BLVD.  
 34TH FLOOR- MIAMI CENTER  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

U00000154635  
 05/05/04-80005-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL ROSAL JORGE LUIS SR. 201 S. BISCAYNE BLVD, STE. 3400 MIAMI CTR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DEL ROSAL, JORGE LUIS JR. 201 S. BISCAYNE BLVD, STE. 3400 MIAMI CTR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WILSON, FREDERICK 201 S. BISCAYNE BLVD. STE 3400 MIAMI CTR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 officer, with an officer-like empowered.

**SIGNATURE:**  **Vice President** 4/23/04 305-5738600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FREDERICK WILSON** X1114