

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000007181

**Entity Name:** PONCE-SILVA & ASSOCIATES, INC

**Current Principal Place of Business:**

1555 BONAVENTURE BLVD  
SUITE 194  
WESTON, FL 33326

**Current Mailing Address:**

1555 BONAVENTURE BLVD  
SUITE 194  
WESTON, FL 33326 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAS FINANCIAL GROUP, INC  
1555 BONAVENTURE BLVD  
SUITE 194  
WESTON, FL 33326 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D/P  
Name            PONCE, GUILLERMO  
Address        1726 VICTORIA POINT CIRCLE  
City-State-Zip: WESTON FL 33327

Title            DIRECTOR  
Name            SILVA, MARIA A  
Address        C/O 1555 BONAVENTURE BLVD  
                  SUITE 194  
City-State-Zip: WESTON FL 33326

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA A SILVA

**DIRECTOR**

**06/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date