

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000028563

**Entity Name:** PONCE PARTNERSHIP, INC.

**Current Principal Place of Business:**

3782 MATHESON AVE  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3782 MATHESON AVE  
COCONUT GROVE, FL 33133

**FEI Number: 65-0406130**

**Certificate of Status Desired: No**

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

BLANKMAN, DOUGLAS A  
SUITE 1611, ONE FINANCIAL PLAZA  
NATIONSBANK TOWER  
FT. LAUDERDALE, FL 33394 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 P  
Name HASSINE, SIMON  
Address II GROVE ISLE DR. #1210  
City-State-Zip: COCONUT GROVE FL 33133

Title S  
Name HASSINE, CATHY  
Address 3782 MATHESON AVE  
City-State-Zip: COCONUT GROVE FL 33133

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

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

Title V  
Name HASSINE, JACKIE  
Address II GROVE ISLE DR. #1210  
City-State-Zip: COCONUT GROVE FL 33133

*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: CATHY HASSINE**

**VP**

**01/30/2014**

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

\_\_\_\_\_  
Date