


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 040 ****61.25

DOCUMENT # N03000002234 1. Entity Name POINCIANA ROCK CREEK, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT INC. 1143 SAWGRASS CORP PARKWAY SUNRISE, FL 33323			Mailing Address C/O MIAMI MANAGEMENT INC. 1143 SAWGRASS CORP PARKWAY SUNRISE, FL 33323		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-1682399	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, RADAMES 1143 SAWGRASS CORP PARKWAY SUNRISE, FL 33323				7. Name and Address of New Registered Agent Bakalar & Eichner, P.A. Westside Corporate Center 150 South Pine Island Road, Suite 540 Plantation, FL 33324	
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 Bakalar & Eichner, P.A.				DATE 3/31/2006	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIONES, LUIS <input checked="" type="checkbox"/> Delete 3971 SW 8 ST STE 205 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, NITZA <input checked="" type="checkbox"/> Delete 3971 SW 8 ST STE 205 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARRIEU, CARLOS <input checked="" type="checkbox"/> Delete 3971 SW 8 ST., STE 205 MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	F/Dir Scott Kleiman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2837 Poinciana Circle Copper City FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Trea/Dir. Donna Fairbush <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2847 Poinciana Circle Copper City FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Dir. Pablo Aracha <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2811 Poinciana Circle Copper City FL 33026	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: Donna Fairbush				Date 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-432-0182	

50013761



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
01-1682399

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIONES, LUIS <input checked="" type="checkbox"/> Delete 3971 SW 8 ST STE 205 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARRIEU, CARLOS <input checked="" type="checkbox"/> Delete 3971 SW 8 ST., STE 205 MIAMI, FL 33134
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SIGNATURE: **Donna Fairbush** Date **4/13/06** Daytime Phone # **954-432-0182**