


**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90012 031 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000069202</b> 1. Entity Name <b>POINCIANNA GROCER, INC.</b>	
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Principal Place of Business <b>881 TOWNE CENTER BLVD          POINCIANNA, FL 34759 US</b>	Mailing Address <b>881 TOWNE CENTER BLVD          POINCIANNA, FL 34759 US</b>
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66412692



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

02192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>42-1596873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>8. Name and Address of Current Registered Agent</b>  <b>SOOD, SANJAY</b> <b>3556 SW 173 WAY</b> <b>MIRAMAR, FL 33029</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 18pt; font-weight: bold;">FL</span>    Zip Code       </div>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOOD, SANJAY 3556 SW 173 WAY MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UDDIN, MOHAMMED J 3556 SW 173 WAY MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	UDDIN, MOHAMMED 15720 Bull Run Road #478-H MIAMI LAKES FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSSAIN, MOHAMMED 136 BIANCA COURT POINCIANA, FL 34758	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		

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 address, with all other like empowered.

SIGNATURE: *C. J. ...*      *V.P. ...*      *2-23-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #