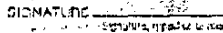
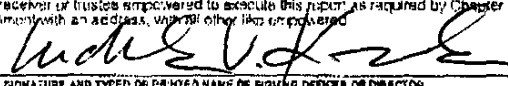


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90399 032 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L483336 1. Entity Name POINCIANA PLAZA, INC.				27450 San Marco Dr. Punta Gorda, FL 33983	
Ludvik Kacirek 27450 San Marco Dr Punta Gorda, FL 33983-8767		Ludvik Kacirek 27450 San Marco Dr Punta Gorda, FL 33983-8767		44030519	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04102004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0243402	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KACIREK, LUDVIK 1970 N. ROOSEVELT BLVD. KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 is required when terminating.) DATE: _____					
9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 fee will be \$350.00 Trust Fund Contributions: ☐ \$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 Ludvik Kacirek 27450 San Marco Dr Punta Gorda, FL 33983-8767			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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:  4/19/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					