

# ANNUAL REPORT (AR)



**DOCUMENT # N93000001722**

1. Entity Name

POINCIANA WE CARE, INC.

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business MYRA STONE 3326 ARCARA WAY APT 216 LAKE WORTH FL 33467	Mailing Address MYRA STONE 3326 ARCARA WAY APT 216 LAKE WORTH FL 33467
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
--	--

1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0407220</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

STONE, MYRA  
3328 ARCARA WAY APT-216  
LAKE WORTH FL 33467

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 *Myra Stone*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10												
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">PD</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME: STONE, MYRA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3326 6-ARCARA WAY #216</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33467</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME: STONE, MYRA	STREET ADDRESS	3326 6-ARCARA WAY #216			CITY-STATE-ZIP	LAKE WORTH FL 33467			<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000607472 01/31/07-80038-017 61.25
TITLE	PD	<input type="checkbox"/> Delete	NAME: STONE, MYRA										
STREET ADDRESS	3326 6-ARCARA WAY #216												
CITY-STATE-ZIP	LAKE WORTH FL 33467												
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">S</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME: STONE, KENNETH</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3326 ARCARA WAY APT. 216</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33467</td> <td></td> <td></td> </tr> </table>	TITLE	S	<input type="checkbox"/> Delete	NAME: STONE, KENNETH	STREET ADDRESS	3326 ARCARA WAY APT. 216			CITY-STATE-ZIP	LAKE WORTH FL 33467			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Delete	NAME: STONE, KENNETH										
STREET ADDRESS	3326 ARCARA WAY APT. 216												
CITY-STATE-ZIP	LAKE WORTH FL 33467												
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME: SILVER, BARBARA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6850 -10TH AVE. N</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33467</td> <td></td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME: SILVER, BARBARA	STREET ADDRESS	6850 -10TH AVE. N			CITY-STATE-ZIP	LAKE WORTH FL 33467			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	NAME: SILVER, BARBARA										
STREET ADDRESS	6850 -10TH AVE. N												
CITY-STATE-ZIP	LAKE WORTH FL 33467												
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME: SHAPIRO, JULES</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3755 VIA POINCIANA</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33467</td> <td></td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME: SHAPIRO, JULES	STREET ADDRESS	3755 VIA POINCIANA			CITY-STATE-ZIP	LAKE WORTH FL 33467			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	NAME: SHAPIRO, JULES										
STREET ADDRESS	3755 VIA POINCIANA												
CITY-STATE-ZIP	LAKE WORTH FL 33467												
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME: SHAPIRO, RUTH</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3755 VIA POINCIANA #204</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33467</td> <td></td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME: SHAPIRO, RUTH	STREET ADDRESS	3755 VIA POINCIANA #204			CITY-STATE-ZIP	LAKE WORTH FL 33467			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	NAME: SHAPIRO, RUTH										
STREET ADDRESS	3755 VIA POINCIANA #204												
CITY-STATE-ZIP	LAKE WORTH FL 33467												
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> <td style="width: 70%;">NAME:</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME:	STREET ADDRESS				CITY-STATE-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	NAME:										
STREET ADDRESS													
CITY-STATE-ZIP													

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Myra Stone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-  
1-25-07-968 9516  
Date Daytime Phone #