


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


04 APR 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000079282 1. Entity Name POINCIANA PROMENADE, INC.	
--	---

Principal Place of Business THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131	Mailing Address THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131
---	---

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



02112004 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent ROSE, ELLEN ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131	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 required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete HIGIER, GERALD M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1541 SUNSET DRIVE #300	NAME	300035555283
STREET ADDRESS	CORAL GABLES, FL 33143	STREET ADDRESS	05/06/04--01019--006 **291.25
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Gerald M. Higier* **Gerald M. Higier** *4/14/04* **305.666-2140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #