


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90475 020 ***150.00

DOCUMENT # P01000078666	
1. Entity Name POINCIANA FLORIST, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 837 CYPRESS PKWY		3. Mailing Address 837 CYPRESS PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE, FL.	City & State KISSIMMEE, FL.	4. FEI Number 59-3735631	Applied For <input type="checkbox"/> Not Applicable
Zip 34758	Country USA	Zip 34758	Country USA

DO NOT WRITE IN THIS SPACE

JAMURATH, TREVOR 551 OAK BRANCH CIRCLE KISSIMMEE, FL. 34758	7. Name and Address of Current 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAMURATH, TREVOR 551 OAK BR. CIRCLE KISSIMMEE, FL. 34758	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAMURATH, NADIRA 551 OAK BR. CIRCLE KISSIMMEE, FL. 34758	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Nadira Jamurath** **NADIRA JAMURATH** **4/28/05 407-343-0508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)