

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104376

Entity Name: POINCIANA CITY TILE, INC.

FILED
Mar 22, 2005
Secretary of State

Current Principal Place of Business:

849 CYPRESS PKWY
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

849 CYPRESS PKWY
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 20-1343373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA ALICEA, LUIS F
874 TOWNE CENTER DR
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABAN, BENJAMI
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: CABAN, BETHSAIDA
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABAN, BENJAMIN
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: CABAN, GEOVANNI
Address: 849 CYPRESS PKWY
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETHSAIDA CABAN

VP

03/22/2005

Electronic Signature of Signing Officer or Director

Date