

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152555

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: POINCIANA FRIED CHICKEN, INC.

**Current Principal Place of Business:**

855 TOWNE CENTER DRIVE  
KISSIMMEE, FL 34759 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 ELBRIDGE PLACE  
KISSIMMEE, FL 34758 US

**New Mailing Address:**

FEI Number: 20-3799189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOSSAIN, SALINA  
855 TOWNE CENTER DRIVE  
KISSIMMEE, FL 34759 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: HOSSAIN, SALINA  
Address: 505 ELBRIDGE PLACE  
City-St-Zip: KISSIMMEE, FL 34758

Title: VP ( ) Delete  
Name: ALAM, MOHAMMED  
Address: 855 TOWNE CENTER DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

Title: SEC ( ) Delete  
Name: ABEDIN, MD Z  
Address: 855 TOWNE CENTER DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SEC (X) Change ( ) Addition  
Name: ISLAM, MOHAMMED  
Address: 855 TOWNE CENTER DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SALINA HOSSAIN

P

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date