


FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90200 015 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000152555
 1. Entity Name
POINCIANA FRIED CHICKEN, INC.



40106369

Principal Place of Business Mailing Address
855 TOWNE CENTER DRIVE **505 ELBRIDGE PLACE**
KISSIMMEE, FL 34759 US **KISSIMMEE, FL 34758 US**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3799189

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
HOSSAIN, SALINA
855 TOWNE CENTER DRIVE
KISSIMMEE, FL 34759

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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 requesting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOSSAIN, SALINA
STREET ADDRESS	505 ELBRIDGE PLACE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	VP
NAME	ALAM, MOHAMMED
STREET ADDRESS	855 TOWNE CENTER DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	SEC
NAME	ISLAM, MOHAMMED
STREET ADDRESS	855 TOWNE CENTER DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) _____ DATE _____ COUNTY/PHONE # _____