


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 855 TOWNE CENTER DRIVE KISSIMMEE, FL 34759 US	Mailing Address 505 ELBRIDGE PLACE KISSIMMEE, FL 34758 US
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02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3799189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

**DO NOT WRITE
 IN THIS SPACE**

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

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR