


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000028150 1. Entity Name GREEN PARK POINCIANA, INC.	
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Principal Place of Business 7345 SAND LAKE RD., SUITE 316 ORLANDO, FL 32819	Mailing Address 7345 SAND LAKE RD., SUITE 316 ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



09212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3181169	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

RUSSOWSKI, RUBENS
 905 BRICKELL BAY DR., UNIT 1122
 MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JADAO, EDUARDO 7345 SAND LAKE RD., SUITE 316 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NETO, ELIAS S 7345 SAND LAKE RD., SUITE 316 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABU-KESSEM, LUIZ S 7345 SAND LAKE RD., SUITE 316 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERAFIM, EMILIO 7345 SAND LAKE RD., SUITE 316 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 09/24/04-80001-006 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO JADAO 9/21/04 (407) 298-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #