


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000087684	
1. Entity Name POINCIANA STAFFING SERVICES, INC.	

Principal Place of Business 3971 S.W. 8TH STREET SUITE 205 MIAMI, FL 33134	Mailing Address 3971 S.W. 8TH STREET SUITE 205 MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0630956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, NITZA V 3971 SW 8TH ST., #205 FOURTH FLOOR MIAMI, FL 33134	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LARRIEU, RENE P 3971 S.W. 8TH STREET, SUITE 205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LARRIEU, GLORIA M 3971 S.W. 8TH STREET, SUITE 205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS GONZALEZ, NITZA 3971 SW 8 ST., #205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/26/04-80053-018 150.00

DO NOT WRITE
IN THIS SPACE

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: Nitza Gonzalez UP 2-23-04 305-444-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #