

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 26, 2007 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**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0630956

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000606055
01/30/07-80059-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LARRIEU, RENE P
STREET ADDRESS	3971 S.W. 8TH STREET, SUITE 205
CITY-ST-ZIP	MIAMI, FL
TITLE	VPS
NAME	LARRIEU, GLORIA M
STREET ADDRESS	3971 S.W. 8TH STREET, SUITE 205
CITY-ST-ZIP	MIAMI, FL
TITLE	VPAS
NAME	GONZALEZ, NITZA
STREET ADDRESS	3971 SW 8 ST., #205
CITY-ST-ZIP	MIAMI, FL
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:

Nitza Gonzalez *Nitza Gonzalez UP* *1/16/07* *305-444-1076*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #