


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000087684 1. Entity Name POINCIANA STAFFING SERVICES, INC.	
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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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01232008 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 <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
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**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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/13/08-80074-018-150.00
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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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-29-08 305-444-6716 <small>Date Daytime Phone #</small>
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