


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000076587 1. Entity Name POINCIANA HOMES OF BROWARD, INC.	
---	---

Principal Place of Business 3971 SW 8TH ST STE 205 MIAMI, FL 33134 US	Mailing Address 3971 SW 8TH ST. STE 205 MIAMI, FL 33134 US
--	---



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0692725	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 3971 SW 8 ST SUITE 205 TWO SOUTH BISCAYNE BOULEVARD 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LARRIEU, MANUEL A 3971 S.W. 8TH STREET, SUITE 205 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LARRIEU, JORGE A 3971 S.W. 8TH STREET, SUITE 205 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GONZALEZ, NITZA 3971 SW 8TH ST STE 205 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000224454
02/10/05-80089-003 150.00

**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:  Manuel A. LARRIEU 2/8/05 305-444-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #