

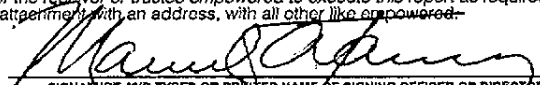


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 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 | | |
| 2. Principal Place of Business Suite, Apt #, etc City & State Zip Country | | | 3. Mailing Address Suite, Apt #, etc City & State Zip Country | | |
| | | |  | | |
| | | | 01102006 Chg-P CR2E034 (11/05) | | |
| | | | 4. FEI Number 65-0692725 | | |
| | | | 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD LARRIEU, MANUEL A 3971 S.W. 8TH STREET, SUITE 205 CORAL GABLES, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD LARRIEU, JORGE A 3971 S.W. 8TH STREET, SUITE 205 CORAL GABLES, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GONZALEZ, NITZA 3971 SW 8TH ST STE 205 CORAL GABLES, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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:  1-16-06 305-444-6716 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |