

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 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



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0692725**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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**

U00000605694  
01/30/07-80046-010 150.00

**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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

305-444-6716

Daytime Phone #