


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000076587 1. Entity Name POINCIANA HOMES OF BROWARD, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0692725	Applied For <input type="checkbox"/> 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 _____

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
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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
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02/15/08-80078-001 150.00

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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: Manuel A. Larrieu 7/30/08 305-444-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #