

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000064783

Entity Name: POINCIANA PERSONAL CARE CORP**Current Principal Place of Business:**105 E MONUMENT
KISSIMMEE, FL 34741**Current Mailing Address:**PO BOX 482548
KISSIMMEE, FL 34745 US**FEI Number:** 81-3455349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, HECTOR L JR.
105 E MONUMENT AVE
KISSIMMEE, FL 34741 US*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.***SIGNATURE:** RODRIGUEZ HECTOR L

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	RODRIGUEZ, HECTOR L
Address	105 E MONUMENT AVE
City-State-Zip:	KISSIMMEE FL 34741

Title	V
Name	RODRIGUEZ, HECTOR O
Address	2805 CARTER GROVE LANE
City-State-Zip:	KISSIMMEE FL 34741

Title	S
Name	RODRIGUEZ, VANESSA V
Address	2805 CARTER GROVE LANE
City-State-Zip:	KISSIMMEE FL 34741

Title	T
Name	RODRIGUEZ, ARMANDO G
Address	2805 CARTER GROVE LANE
City-State-Zip:	KISSIMMEE FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HECTOR L RODRIGUEZ**DIRECTOR**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date