

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000000162

1. Entity Name  
PLANTEURS UNIS, INC.



Principal Place of Business  
15555 NW 2ND AVE, SUITE 105  
MIAMI, FL 33169

Mailing Address  
P.O. BOX 471751  
MIAMI, FL 33247-1751



04102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0975235	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**5. Name and Address of Current Registered Agent**

MACAULAY, ROBERT B  
ONE SE 3RD AVE STE 2200  
MIAMI, FL 33131

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESSARD, JOSEPH F 15555 NW 2ND AVE, SUITE 105 MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESSARD, JACOB F 15555 NW 2ND AVE, SUITE 105 MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECIMUS, PIERRE J 265 NE 48TH MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000359873  
05/04/05-80129-021 75.00

**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)(f), 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 617, 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: *JF Beppard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/05  
Date

Daytime Phone # \_\_\_\_\_