


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000162 1. Entity Name PLANTEURS UNIS, INC.	
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Principal Place of Business 15555 NW 2ND AVE, SUITE 105 MIAMI, FL 33169	Mailing Address P.O. BOX 471751 MIAMI, FL 33247-1751
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 27 AM 11:42
TALLAHASSEE, FLORIDA



04202006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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05/09/06--01018--021 **75.00

\$7518

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 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: Joseph F. Bessard 04/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #