

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000162

FILED
Apr 30, 2007
Secretary of State

Entity Name: PLANTEURS UNIS, INC.

Current Principal Place of Business:

15555 NW 2ND AVE, SUITE 105
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 471751
MIAMI, FL 332471751

New Mailing Address:

FEI Number: 65-0975235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BESSARD, JOSEPH F
Address: 15555 NW 2ND AVE, SUITE 105
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: BESSARD, JACOB F
Address: 15555 NW 2ND AVE, SUITE 105
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: DECIMUS, PIERRE J
Address: 265 NE 48TH
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F. BESSARD

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date