

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90002 050 ****75.00

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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



05122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0975235

Applied For
Not Applicable

5. Certificate of Status Desired **\$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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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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
BESSARD, JOSEPH F
STREET ADDRESS
15555 NW 2ND AVE, SUITE 105
CITY-ST-ZIP
MIAMI, FL 33169

TITLE
NAME
D
BESSARD, JACOB F
STREET ADDRESS
15555 NW 2ND AVE, SUITE 105
CITY-ST-ZIP
MIAMI, FL 33169

TITLE
NAME
D
DECIMUS, PIERRE J
STREET ADDRESS
265 NE 48TH
CITY-ST-ZIP
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Date

05/10/08

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR