2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009124

1. Entity Name
KOUKOUY OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
1510 E. MOWRY DR., #105 HOMESTEAD, FL 33033	1510 E. MOWRY DR., #105 HOMESTEAD, FL 33033

04032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
38-3724112
☐ Applied For
☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDRE, DIXON
2800 W. OAKLAND PARK BLVD. #107
OAKLAND PARK, FL 33311

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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 N/A
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BRUTUS, WALTER
STREET ADDRESS	380 NE 18TH AVE., #206
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	SD
NAME	MARC, ROCHENEL
STREET ADDRESS	10820 SW 200TH DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VD
NAME	PIERRE, KATIUSQUIE
STREET ADDRESS	1333 NW 8TH AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	SD
NAME	DERENONCOURT, CAMILLE
STREET ADDRESS	13015 SW 258TH TERR.
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	VD
NAME	SYLVAIN, SHANEL
STREET ADDRESS	1510 E. MOWRY DR., #105
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	SD
NAME	CESAR, JEAN JUDE
STREET ADDRESS	1444 E. MOWRY DR., #105
CITY-ST-ZIP	HOMESTEAD, FL 33033

U00000515569
04/29/06-80218-007 61.25

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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: WALTER BRUTUS 04-03-06 941-735-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #