

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009124

FILED  
May 12, 2007  
Secretary of State

Entity Name: KOUKOUY OF HOMESTEAD, INC.

## Current Principal Place of Business:

1510 E. MOWRY DR., #105  
HOMESTEAD, FL 33033

## New Principal Place of Business:

## Current Mailing Address:

1510 E. MOWRY DR., #105  
HOMESTEAD, FL 33033

## New Mailing Address:

PO BOX 924191  
PRINCETON, FL 330924191 US

FEI Number: 38-3724112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ALEXANDRE, DIXON  
2800 W. OAKLAND PARK BLVD. #107  
OAKLAND PARK, FL 33311 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: PD ( ) Delete  
Name: BRUTUS, WALTER  
Address: 380 NE 18TH AVE., #206  
City-St-Zip: HOMESTEAD, FL 33033

Title: SD ( ) Delete  
Name: MARC, ROCHENEL  
Address: 10820 SW 200TH DR.  
City-St-Zip: MIAMI, FL 33157

Title: VD ( ) Delete  
Name: PIERRE, KATIUSQUIE  
Address: 1333 NW 8TH AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete  
Name: DERENONCOURT, CAMILLE  
Address: 13015 SW 258TH TERR.  
City-St-Zip: HOMESTEAD, FL 33032

Title: VD ( ) Delete  
Name: SYLVAIN, SHANEL  
Address: 1510 E. MOWRY DR., #105  
City-St-Zip: HOMESTEAD, FL 33033

Title: SD ( ) Delete  
Name: CESAR, JEAN JUDE  
Address: 1444 E. MOWRY DR., #105  
City-St-Zip: HOMESTEAD, FL 33033

## 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:

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: DERENONCOURT CAMILLE

SD

05/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date