2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N22166

Entity Name: SOSYETE KOUKOUY OF MIAMI, INC.

Current Principal Place of Business:

5921 N.E. 2ND AVENUE
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

5919 N.E. 2ND AVENUE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0011457 **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:

DENIS, JEAN-MARIE
310 N.E. 97TH STREET
MIAMI, FL 33138 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: DENIS, JEAN-MARIE
Address: 310 N.E. 97TH STREET
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete
Name: GREGOIRE, JEANETTE
Address: 1280 N.E. 138 STREET
City-St-Zip: MIAMI, FL 33161

Title: SD ( ) Delete
Name: BLEUS, ROSE
Address: 5919 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: VPD ( ) Delete
Name: REGISTRE, ERNST
Address: 1280 N.E 138TH. STREET
City-St-Zip: MIAMI, FL 33161

Title: VPD ( ) Delete
Name: PAUL, CARLINE
Address: 1348 NE 147 STREET SUITE F
City-St-Zip: MIAMI, FL 33161

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: VPD (X) Change ( ) Addition
Name: PAUL, CARLINE
Address: 1348 NE 147 STREET SUITE - F
City-St-Zip: MIAMI, FL 33161

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: JEAN-MARIE DENIS P 05/11/2009

Electronic Signature of Signing Officer or Director — Date