


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90031 049 ***150.00

DOCUMENT # P02000023890					
1. Entity Name TOUSSAINT CORP.					
Principal Place of Business 56 N.E. 162 STREET NORTH MIAMI BEACH, FL 33162			Mailing Address 56 N.E. 162 STREET NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box # 11301 Pelican Lake Ct		3. Mailing Address 11301 Pelican Lake Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Riverview, FL		City & State Riverview, FL		4. FEI Number 01-0631853	
Zip 33569		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OSMAN, MICHAEL 1474-A WEST 84 STREET HIALEAH, FL 33014			7. Name and Address of New Registered Agent Name: Jeanine Baron Street Address (P.O. Box Number is Not Acceptable) 11301 Pelican Lake Ct. City: Riverview FL Zip Code: 33569		
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: <u>Jeanine Baron</u> PRESIDENT 7/31/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARON, WILSON 56 N.E. 162 STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Baron, Jeanine 11301 Pelican Lake Ct Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 607, 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: <u>Jeanine Baron</u> JEANINE BARON 7/31/07 727-204-8079 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #</small>					

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