2006 FOR PROFIT CORPORATION

, ANNUAL REPURT				Apr 14, 2006 08:00 A			
DOCU	MENT # P04000104			Se	cretary o	of State	
1. Entity Name CHOUCOUNE EXPORT AND IMPORT, INC						•	
0110000	JONE EXPORT AND IMPOR	II, INO		` }			
Principal Plac	te of Business	Mailing Address	- The state of the	<u> </u>			
751 NW 135		751 NW 135TH WAY					
	I, FL 33325	PLANTATION, FL 33325					
	The state of the s						
			03152006	No Chg-P	CR2E034 (11/0	.5\	
l r	O NOT WRITE	CF				· 	
-		0		4. FEI Numb		 -	Applied For Not Applicable
				5. Certificate	of Status Desired		Additional
	6. Name and Address of Current F	legistered Agent	[<u></u>	To the same of the same	Fee Requ	ined
SI FI IDIA		TALLARY TO THE TOTAL OF THE TAIL OF THE TA	· · ·	· ·	Tari hayban s	and the second s	
FLEURIMONT, SERGE 751 NW 135TH WAY PLANTATION, FL 33325				DO	NOT W	RITE	
				IN.	THIS SF	PACE	
8 The above	named entity submits this statement for	the purpose of changing its registo	rad office or registe	riad agent or be	ath in the State of D	rida l am familiar u	th and present
	tions of registered agent.	are perpose or critinging its registe	ion alline or registe	ieo agent, or be	on, in the State Of the	onica, i anti lamilliai w	iii, and accept
SIGNATURE.			7. ÷. 5. 10.	· · · · · · · · · · · · · · · · · · ·	 		
	Signature, typed or printed name of registered agent a	nd tille il applicable (NOTE Register	ed Agent signature require	d when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ied to Fees			
10.	OFFICERS AND I	DIRECTORS		The second section of the second			· · · · · · · · · · · · · · · · · · ·
TITLE NAME	DP FLEURIMONT, SERGE			na 200 2	0000 ก_ดกกกด_ลก	00510330^M 12 150.00^	ra
STREET ADDRESS	751 NW 135TH WAY		1	UMF COF	00-00004-0	ic ion.nn.	1
CITY-S1-ZIP	PLANTATION, FL 33325		_				
TITLE NAME	DT BENJAMIN, CAROLINE						
STREET ADDRESS	751 NW 135TH WAY						
CITY-ST-ZIP	PLANTATION, FL 33325		_				
TITLE NAME	DS FLEURIMOND, NANCY		ſ				2
STREET ADDRESS	751 NW 135TH WAY			DO	NOT W	DITE	
CITY-ST-ZIP PLANTATION, FL 33325 IFILE DV NAME FLEURIMOND, EMILIEN			DO NOT WRITE IN THIS SPACE				
							STREET ADDRESS
CHY-ST-ZIP	PETION-VILLE, HAITI, FL 33325		4				
TITLE NAME			1	-			
SIREET ADDRESS			1		i		
CITY-ST-ZIP			1				
TITLE NAME		. • •]		"	•	
STREET ADDRESS	1		1				

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.

12.5

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #