
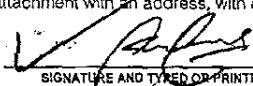


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000104976 1. Entity Name CHOUCOUNE EXPORT AND IMPORT, INC		
Principal Place of Business 751 NW 135TH WAY PLANTATION, FL 33325	Mailing Address 751 NW 135TH WAY PLANTATION, FL 33325	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLEURIMONT, SERGE 751 NW 135TH WAY PLANTATION, FL 33325		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLEURIMONT, SERGE 751 NW 135TH WAY PLANTATION, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENJAMIN, CAROLINE 751 NW 135TH WAY PLANTATION, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLEURIMOND, NANCY 751 NW 135TH WAY PLANTATION, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLEURIMOND, EMILIEN RUE DERENONCOURT #109 PETION-VILLE, HAITI, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1209183

Applied For
Not Applicable

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

U00000510330^M
04/29/06-80002-012 150.00^M

**DO NOT WRITE
IN THIS SPACE**

Date Daytime Phone #