FILED
Apr 26, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104976

1. Entity Name
CHOUCOUNE EXPORT AND IMPORT, INC

Principal Place of Business	Mailing Address
751 NW 135TH WAY PLANTATION, FL 33325	751 NW 135TH WAY PLANTATION, FL 33325

DO NOT WRITE IN THIS SPACE

04032007 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

6. Name and Address of Current Registered Agent

FLEURIMONT, SERGE
751 NW 135TH WAY
PLANTATION, FL 33325

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FLEURIMONT, SERGE
STREET ADDRESS	751 NW 135TH WAY
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	DT
NAME	BENJAMIN, CAROLINE
STREET ADDRESS	751 NW 135TH WAY
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	DS
NAME	FLEURIMOND, NANCY
STREET ADDRESS	751 NW 135TH WAY
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	DV
NAME	FLEURIMOND, EMILIEN
STREET ADDRESS	RUE DERENONCOURT #109
CITY-ST-ZIP	PETION-VILLE, HAITI, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80080-025 150.00

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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: _____ 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #