

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90104 023 \*\*\*150.00

**DOCUMENT # P05000031695**

1. Entity Name  
**DAUNTEEN EXPRESS INC**



Principal Place of Business  
**2127 DAVIE BLVD APT 214  
FT LAUDERDALE, FL 33312**

Mailing Address  
**2127 DAVIE BLVD APT 214  
FT LAUDERDALE, FL 33312**

2. Principal Place of Business  
**5349 Gate Lake Road**

3. Mailing Address  
**5349 Gate Lake Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tamarac, FL**

City & State  
**Tamarac, FL**

Zip  
**33319**

Country  
**USA**

Zip  
**33319**

Country  
**USA**

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**03-0556799**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PIERRE-LOUIS, ERNZ  
2127 DAVIE BLVD APT 214  
FT LAUDERDALE, FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

**5349 Gate Lake Road**

City **Tamarac**

**FL**

Zip Code  
**33319**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIERRE-LOUIS, ERNZ</b> <b>2127 DAVIE BLVD APT 214</b> <b>FT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Pierre-Louis, Ernz</b> <b>5349 Gate Lake Road</b> <b>Tamarac, FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*ERNZ PIERRE-LOUIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/06 954-325-7172*  
Date Daytime Phone #