


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000055825		
1. Entity Name CHOUCOUNE ENTERPRISES, INC.		

Principal Place of Business 879 TRAFALGAR ST DELTONA, FL 32725	Mailing Address 15451 NW 33 PLACE MIAMI, FL 33054
--	---

2. Principal Place of Business 15451 NW 33RD PL.	3. Mailing Address PO Box 540023
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State OPA LOCKA, FL
Zip 33054	Zip 33054
Country USA	Country USA


6. Name and Address of Current Registered Agent BANCE, JEAN 879 TRAFALGAR ST DELTONA, FL 32725	
---	--

03162005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3198508	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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 3/16/05

FILE NOW!!! FEE IS \$300.00	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	VP BANCE, JEAN A 879 TRAFALGAR ST DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700051194857 04/19/05--01021--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANCE, JEAN B 879 TRAFALGAR ST DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUZEAU, EMILE 225-35 109TH AVE QUEENS VILLAGE, NY 11429 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 	DATE 3/16/05	DAYTIME PHONE # 305 681-8008
---	-----------------	---------------------------------

FILED

05 APR 11 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

