2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000055825

Address:

City-St-Zip:

225-35 109TH AVE

QUEENS VILLAGE, NY 11429

Entity Name: CHOUCOUNE ENTERPRISES, INC

FILED Nov 17, 2008 Secretary of State

Entity Nai	me: CHOUCC	DUNE ENTERPRISES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15451 NW 33RD PL. MIAMI, FL 33054 US				13740 NW 119TH AVE UNIT#14 MIAMI, FL 33054 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX OPA LOCK	540023 KA, FL 33054	US			
FEI Number	: 59-3198508	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DELTONA	ALGAR ST A, FL 32725	US			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: JEAN BA	NCE			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () BANCE, JEAN A 879 TRAFALGA DELTONA, FL	R ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BANCE, JEAN E 879 TRAFALGA DELTONA, FL	R ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () ROUZEAU, EMI	Delete LE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEAN BANCE P 11/17/2008