


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L13199**  
 1. Entity Name  
**SAIEH INVESTMENTS INC.**



Principal Place of Business      Mailing Address  
**9210 NE 2ND AVE**      **9210 NE 2ND AVENUE**  
**MIAMI SHORES FL 33138**      **MIAMI SHORES FL 33138**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**SAIEH, MAHER**  
**9210 NE 2ND AVE**  
**MIAMI SHORES FL 33138**

4. FEI Number      Applied For  
**65-0142471**       Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAIEH, YAMILE	
STREET ADDRESS	9210 NE 2ND AVE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAIEH, MAHER	
STREET ADDRESS	9210 NE 2ND AVE	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000227166	
CITY-ST-ZIP	02/12/05-80045-010 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Yamile M. Saieh      **YAMILE M. SAIEH**      2-8-05      305-754-5956  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #