

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90040 010 ***150.00

DOCUMENT # 631113

1. Entity Name
AL-NAYEM INTER'L INCORPORATED



Principal Place of Business
~~229 GULFVIEW BLVD~~
229 GULFVIEW BLVD 1863 VENETIAN
CLEARWATER, FL 33767 US

Mailing Address
~~229 GULFVIEW BLVD~~ **P.O. Box 3494**
CLEARWATER, FL 33767 US

40004841



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1938989

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHOE, DONG HOON
229 GULFVIEW BLVD. 1807 APACHE TRAIL
CLEARWATER BEACH, FL 34630
CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHOE, DONG HOON
STREET ADDRESS	229 GULFVIEW BLVD. 1807 APACHE TRAIL
CITY-ST-ZIP	CLEARWATER BCH, FL CLEARWATER FL 33755
TITLE	ST
NAME	CHOE, YOUNG AE
STREET ADDRESS	229 GULFVIEW BLVD. 1807 APACHE TRAIL
CITY-ST-ZIP	CLEARWATER BCH, FL CLEARWATER FL 33755
TITLE	VD
NAME	CHOE, HUI WOONG
STREET ADDRESS	229 GULFVIEW BLVD. 1863 VENETIAN PT DR
CITY-ST-ZIP	CLEARWATER BCH, FL CLEARWATER FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/05 (727) 560-3539