

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023591

1. Entity Name  
KOUAYEP INTERNATIONAL CORP.



FILED

05 JAN 19 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

415 NE 140TH ST.  
NORTH MIAMI, FL 33161

Mailing Address

415 NE 140TH ST.  
NORTH MIAMI, FL 33161

2. Principal Place of Business

BISCAYNE BOULEVARD

3. Mailing Address

12555 BISCAYNE BLV NORTH MIAMI

Suite, Apt. #, etc.

# 944

Suite, Apt. #, etc.

# 944

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33181

USA

Zip

33181

USA

01182005

Chg-P

CR2E034 (10/03)

4. FEI Number

961-760614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHEL, KOUAYEP Y  
415 NE 140TH ST.  
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name MICHEL KOUAYEP Y 12555 BISCAYNE BLV  
NORTH MIAMI, FL 33181

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

12555 BISCAYNE BLV NORTH MIAMI

City

MIAMI

FL

Zip Code

33181

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]* 1-18-2005

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 MICHEL, KOUAYEP Y  
STREET ADDRESS 415 NE 140TH ST.  
CITY-ST-ZIP NORTH MIAMI, FL 33161 ☐ Delete

TITLE VD  
NAME EMMANUEL, SEMA G  
STREET ADDRESS 415 NE 140TH ST.  
CITY-ST-ZIP NORTH MIAMI, FL 33161 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD MICHEL KOUAYEP Y ☐ Change ☐ Addition  
NAME 12555 BISCAYNE BLV NORTH MIAMI  
STREET ADDRESS FL 33181 #944  
CITY-ST-ZIP

TITLE D. KATIA FERTILIEU ☐ Change ☒ Addition  
NAME 12555 BISCAYNE BLV  
STREET ADDRESS FL 33181 #944  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

600045884916  
02/03/05--01002--001 \*\*150.00