

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 022 \*\*\*150.00

**DOCUMENT # P95000036942**

1. Entity Name

AMERICAN ORIENTAL TRADING, INC.



Principal Place of Business

18200 N.W. 27 AVE.  
MIAMI FL 33056

Mailing Address

18200 N.W. 27 AVE.  
MIAMI FL 33056

2. Principal Place of Business

18200 NW 27th Ave

Suite, Apt. #, etc.

OFFICE

3. Mailing Address

18200 NW 27th Ave

Suite, Apt. #, etc.

OFFICE

City & State

Miami, FL

City & State

Miami, FL

Zip

33056

Country

Dade

Zip

33056

Country

Dade

4. FEI Number

65-0579104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAING, JON  
18200 N.W. 27TH AVE.  
MIAMI FL 33056

7. Name and Address of New Registered Agent

Name KWAN OH

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

18200 NW 27th Ave

City

Miami

FL

Zip Code

33056

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME OH, KWAN S  
STREET ADDRESS 18200 N.W. 27 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE DVS ☐ Delete  
NAME LAING, JOHN  
STREET ADDRESS 18200 N.W. 27 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ Delete  
NAME OH, DUK S  
STREET ADDRESS 18200 N.W. 27 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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)(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 any address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #