


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 661912**  
 1. Entity Name  
 PHILIP TRADING INTERNATIONAL, INC.



Principal Place of Business  
 1300 S.W. 22ND STREET  
 CORAL WAY, SUITE 205  
 MIAMI, FL 33145 US

Mailing Address  
 P.O. BOX 330-776  
 COCONUT GROVE, FL 33233 US



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1990020

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CABAN, PHILIP  
 1632 S. BAYSHORE COURT  
 MIAMI, FL 33133

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABAN, PHILIP 1632 S. BAYSHORE CT. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABAN, MARIA J 1632 S. BAYSHORE CT. MIAMI, FL 33133
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100000399781  
 02/01/06-80026-012 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maria J. Caban Secretary-Treasurer 1-9-2006 305-285-7055  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Maria J. Caban