

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1990020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CABAN, PHILIP
STREET ADDRESS	1632 S. BAYSHORE CT.
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	DS
NAME	CABAN, MARIA J
STREET ADDRESS	1632 S. BAYSHORE CT.
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000803969
02/05/08-80046-026 158.75

**DO NOT WRITE
IN THIS SPACE**

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* **MARIA J. CABAN SECRETARY-TREASURER**

JANUARY 17, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #