


**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # F05000000241

1. Entity Name  
PALEEWONG TRADING CO. INC.

The seal of the State of Hawaii is located in the top right corner. It features a circular design with a central figure, likely a deity or historical figure, surrounded by the words "SEAL OF THE STATE OF HAWAII" and the date "1909".

Principal Place of Business	Mailing Address
628 TENTH AVENUE NEW YORK, NY 10036	628 TENTH AVENUE NEW YORK, NY 10036

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07032006 Chq-P CR2E034 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For
13-2903703	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DIAMOND, KERI 2828 WATERFORD DRIVE SOUTH DEERFIELD BEACH, FL 33442	Name		DIAMOND, KERI	
	Street Address (P.O. Box Number is Not Acceptable)			
	817 NW 45TH STREET			
	City	PUMPAÑO BEACH	FL	Zip Code 33064

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 Keri Diamond Keri Diamond 7/5/06  
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**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PALEEWONG, SUCHOT 405 JAMES WOOD CT NEW MILFORD, NJ 07646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALEEWONG, SUCHITREA 405 JAMES WOOD CT NEW MILFORD, NJ 07646	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALEEWONG, SUCHITRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMSIAM-PALEEWONG, SARA 628 TENTH AVENUE NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMSIAM - PALEEWONG, SARA H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: S. Kaler \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_