


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F05000004258

1. Entity Name  
 FPH CAPITAL, INC.



Principal Place of Business  
 9889 BLACKGOLD ROAD  
 LA JOLLA, CA 92037

Mailing Address  
 9889 BLACKGOLD ROAD  
 LA JOLLA, CA 92037



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0577104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ  
 1395 BRICKELL AVENUE, 14TH FLOOR  
 MIAMI, FL 33131

**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) 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 NAME STREET ADDRESS CITY-ST-ZIP	CP LIEW, FAH S 9889 BLACKGOLD ROAD LA JOLLA, CA 92037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LIEW, POLLY 9889 BLACKGOLD ROAD LA JOLLA, CA 92037
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U00000855832  
 03/27/08-80066-018 150.00

**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:  FAH S LIEW 3/10/08 858 546 8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #