


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000043107</b>	
1. Entity Name <b>P &amp; E FUTURE, INC.</b>	

Principal Place of Business <b>1540 SOUTH DIXIE HWY. CORAL GABLES, FL 33146</b>	Mailing Address <b>1540 SOUTH DIXIE HWY. CORAL GABLES, FL 33146</b>
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**DO NOT WRITE IN THIS SPACE**



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1007122</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ACCOUNTANT & MANAGEMENT  
3899 NW 7TH STREET  
SUITE 202 B  
MIAMI, FL 33126**

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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 remaining)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000517377</b> <b>05/01/06-80043-016 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOW TAI, YAN 15598 SW 109 TERR MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAM LING, WU 15598 SW 109 TERR MIAMI, FL 33196
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Mow Tai Yan* **4/17/06** **305 666 2595**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #