

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000043107**

1. Entity Name  
**P & E FUTURE, INC.**



Principal Place of Business  
**1540 SOUTH DIXIE HWY.  
CORAL GABLES, FL 33146**

Mailing Address  
**1540 SOUTH DIXIE HWY.  
CORAL GABLES, FL 33146**

**DO NOT WRITE IN THIS SPACE**



04072007 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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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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

U00000700574  
04/20/07-80023-006 150.00

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2007 (305) 6662595  
Date Daytime Phone #