## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2006 08:00 AM Secretary of State DOCUMENT # P03000154104 1. Entity Name **PSX CORPORATION** Principal Place of Business Mailing Address 3469 NE 169TH ST. 3469 NE 169TH ST. N. MIAMI BCH, FL 33160 N. MIAMI BCH, FL 33160 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0529490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOULIAGUINE, EUGUENI DO NOT WRITE 3469 NE 169 ST. NORTH MIAMI BEACH, FL 33160 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 little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 000000444393 03/06/06-80046-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWISI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SOULIGUINE, EUGUGNI NAME STREET ADDRESS 3469 NE 169 ST. CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TISLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 7177 F NAME

12. I hereby certify that the information supplied with this filling 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 path; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06

1305/725-9594

Daytime Phone

FILED