

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000154104

1. Entity Name  
PSX CORPORATION



Principal Place of Business  
3469 NE 169TH ST.  
N. MIAMI BCH, FL 33160

Mailing Address  
3469 NE 169TH ST.  
N. MIAMI BCH, FL 33160

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 17, 2007 8:00 am  
Secretary of State**

01-17-2007 90049 012 \*\*\*150.00

WORKSHEET NUMBER  
**60002065**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number **20-0539430**  Applied For  
**20-0529490**  Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
SOULIAGUINE, EUGENI  
3469 NE 169 ST.  
NORTH MIAMI BEACH, FL 33160

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	P
NAME	SOULIAGUINE, EUGENI
STREET ADDRESS	3469 NE 169 ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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: *E. Gau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/07 305-725-9594

Date

Daytime Phone #