


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 021 ***150.00

DOCUMENT # P04000075778	
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1. Entity Name
PSE TRADING COMPANY

Principal Place of Business
**18331 PINES BLVD
180
HOLLYWOOD, FL 33029**

Mailing Address
**18331 PINES BLVD
180
HOLLYWOOD, FL 33029**

2. Principal Place of Business - No P.O. Box #
17650 SW 7TH ST.
Suite, Apt. #, etc.

3. Mailing Address
17650 SW 7TH ST.
Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL
Zip
33029
Country
U.S.A.

City & State
PEMBROKE PINES FL
Zip
33029
Country
U.S.A.

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3719213
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YEUNG, WAH HOI
18331 PINES BLVD # 180
PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent

Name
YEUNG, WAH HOI
Street Address (P.O. Box Number is Not Acceptable)
17650 SW 7TH ST.
City
PEMBROKE PINES FL Zip Code
33029

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
YEUNG, WAH HOI
17650 SW 7TH ST
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-07 954 483-3126