

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/6

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-06-2008 90033 024 ***150.00

DOCUMENT # P05000049990 1. Entity Name PHAM PETROLEUM INC.	
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Principal Place of Business 2999 THORNCREST DR. ORANGE PARK, FL 32065 US	Mailing Address 2999 THORNCREST DR. ORANGE PARK, FL 32065 US
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2620776	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PHAM, CUONG
2999 THORNCREST DR.
ORANGE PARK, FL 32065

**DO NOT WRITE
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:  (NOTE: Registered Agent signature required when renaming) 4/10/08 DATE

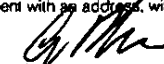
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHAM, CUONG 2999 THORNCREST DR. ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NGUYEN, STEPHANIE 274 PRAIRIEWOOD CT. SAN JOSE, CA 95127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  5/31/08 (904) 688-0546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #