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.

Principal Place of Business	Mailing Address
2999 THORNCREST DR. ORANGE PARK, FL 32065 US	2999 THORNCREST DR. ORANGE PARK, FL 32065 US

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: _____ 4/16/08
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, 2008 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	PHAM, CUONG
STREET ADDRESS	2999 THORNCREST DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	VPD
NAME	NGUYEN, STEPHANIE
STREET ADDRESS	274 PRAIRIEWOOD CT.
CITY-ST-ZIP	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 #