


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000090273
 1. Entity Name
PT TRADING CORPORATION



Principal Place of Business Mailing Address
16548 NW 16 STREET **16548 NW 16 STREET**
PEMBROKE PINES, FL 33028 **PEMBROKE PINES, FL 33028**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

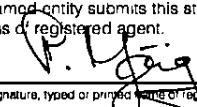
| | |
|---|---------------------------------------|
| 4. FEI Number 20-3064406 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MONGKOLSINDHU, PANITA
16548 NW 16 STREET
PEMBROKE PINES, FL 33028

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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P |
| NAME | YAMSIRIWONG, PATAI |
| STREET ADDRESS | 16548 NW 16 STREET |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 |
| TITLE | VP |
| NAME | SUKASAME, KOMKAI |
| STREET ADDRESS | 16548 NW 16 STREET |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 05/01/08-80046-020 150.00

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: **X**  Date: **4/15/08** (954) 322-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #