

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90045 001 \*\*\*150.00

**DOCUMENT # P96000040862**

1. Entity Name  
**PHAT NGOC, INC.**



Principal Place of Business  
**3014 E. 1ST COURT  
 PANAMA CITY, FL 32401**

Mailing Address  
**3014 E. 1ST COURT  
 PANAMA CITY, FL 32401**

**40011800**



2. Principal Place of Business - No P.O. Box #  
**1751 Wedgwood Dr.**

3. Mailing Address  
**1751 Wedgwood Dr.**

Suite, Apt. #, etc.

02022007 Chg-P CR2E034 (12/06)

City & State  
**Harvey, LA**

City & State  
**Harvey, LA**

Zip  
**70058**

Country  
**USA**

Country  
**USA**

4. FEI Number  
**59-3379728**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NGUYEN, MYLINH  
 3014 E 1ST CT  
 PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>NGUYEN, BUI VAN</b>
STREET ADDRESS	<b>1751 WEDGWOOD DR</b>
CITY-ST-ZIP	<b>HARVEY, LA 70058</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CAO, BANG</b>
STREET ADDRESS	<b>3750 WESTBANK EXPWY</b>
CITY-ST-ZIP	<b>HARVEY, LA 70058</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>NGUYEN, SUONG</b>
STREET ADDRESS	<b>3750 WESTBANK EXPWY</b>
CITY-ST-ZIP	<b>HARVEY, LA 70058</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **Suong Nguyen** **2/2/07** **(504) 371-1616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #