


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. | |

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|---|---|
| Principal Place of Business 3014 E. 1ST COURT PANAMA CITY, FL 32401 | Mailing Address 3014 E. 1ST COURT PANAMA CITY, FL 32401 |
|---|---|

40011800



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|--|--|
| 2. Principal Place of Business - No P.O. Box # 1751 Wedgwood Dr. | 3. Mailing Address 1751 Wedgwood Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02022007 Chg-P CR2E034 (12/06)

| | |
|-----------------------------------|-----------------------------------|
| City & State Harvey, LA | City & State Harvey, LA |
| Zip 70058 | Zip 70058 |
| Country USA | Country USA |

| | |
|---|--|
| 4. FEI Number 59-3379728 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent NGUYEN, MYLINH 3014 E 1ST CT PANAMA CITY, FL 32401 | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City FL Zip Code | |

| | |
|--|--|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NGUYEN, BUI VAN | | NAME | |
| STREET ADDRESS 1751 WEDGWOOD DR | | STREET ADDRESS | |
| CITY-ST-ZIP HARVEY, LA 70058 | | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CAO, BANG | | NAME | |
| STREET ADDRESS 3750 WESTBANK EXPWY | | STREET ADDRESS | |
| CITY-ST-ZIP HARVEY, LA 70058 | | CITY-ST-ZIP | |
| TITLE ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NGUYEN, SUONG | | NAME | |
| STREET ADDRESS 3750 WESTBANK EXPWY | | STREET ADDRESS | |
| CITY-ST-ZIP HARVEY, LA 70058 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suong Nguyen

2/2/07

(504) 371-1616

Date

Daytime Phone #