

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000053642

Entity Name: PTM EAST COAST, INC.

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

150 NATIONAL PLACE, UNIT 110  
LONGWOOD, FL 32750

**New Principal Place of Business:**

199 W. MARVIN AVE.  
LONGWOOD, FL 32750

**Current Mailing Address:**

150 NATIONAL PLACE, UNIT 110  
LONGWOOD, FL 32750

**New Mailing Address:**

199 W. MARVIN AVE.  
LONGWOOD, FL 32750

FEI Number: 59-3451418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHEE, KI H  
150 NATIONAL PLACE, UNIT 110  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

RHEE, KI H  
199 W. MARVIN AVE.  
LONGWOOD, FL 32750 US

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.

SIGNATURE: KI RHEE

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RHEE, KI H  
Address: 199 W. MARVIN AVE.  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: RHEE, SHIN H  
Address: 199 W. MARVIN AVE.  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KI RHEE

PD

03/18/2011

Electronic Signature of Signing Officer or Director

Date