

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000057659

1. Entity Name
PLATINUM TRADING CO., INC.



Principal Place of Business
**4100 NORTH POWERLINE ROAD
J5
POMPAÑO BEACH, FL 33073**

Mailing Address
**4100 NORTH POWERLINE ROAD
J5
POMPAÑO BEACH, FL 33073**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1016187

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAMAN, MYRA
4100 NORTH POWERLINE ROAD
SUITE J5
POMPAÑO BEACH, FL 33073**

**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 _____

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, 2005 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 **MAMAN, ANDRE**
STREET ADDRESS **4100 POWERLINE ROAD, SUITE J5**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33073**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000216159
02/05/05-80038-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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

ANDRE MAMAN

02 07 2005

854-390 2575

Date

Daytime Phone #