


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000061772 1. Entity Name PLATINUM SOUTH, INC.	
---	---

Principal Place of Business 2355 SUNNY ISLES BLVD NO MIAMI BEACH FL 33160	Mailing Address 2355 SUNNY ISLES BLVD NO MIAMI BEACH FL 33160
---	---



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

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 65-0850628	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----	---------	-----	---------	---	---------------------------------------

6. Name and Address of Current Registered Agent TYLER, DEAN 2355 SUNNY ISLES BLVD SUNNY ISLES BEACH FL 33160	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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing - **\$5.00** May Be
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PSD	<input type="checkbox"/>
NAME	TYLER, DEAN	
STREET ADDRESS	310 COFFEE POT RIVIERA	
CITY-STATE-ZIP	ST PETERSBURG FL 33704	
TITLE	VTD	<input type="checkbox"/>
NAME	ROSENTHAL, RUSSELL L	
STREET ADDRESS	1233 BEECH ST	
CITY-STATE-ZIP	ATLANTIC BCH NY 11509	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U000000864584		
NAME			
STREET ADDRESS	04/04/08-80019-022 150.00		
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dean Tyler 3/17/08 (805) 919-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, no Phone #