

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000085075

1. Entity Name

PLATINUM ADVISORY SERVICES, INC.



Principal Place of Business

10800 BISCAYNE BOULEVARD
SUITE 350
MIAMI, FL 33161

Mailing Address

10800 BISCAYNE BOULEVARD
SUITE 350
MIAMI, FL 33161



02012007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0950244

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

POSNER, STEVEN
10800 BISCAYNE BOULEVARD
SUITE 350
MIAMI, FL 33161

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, 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 C
NAME POSNER, STEVEN
STREET ADDRESS 10800 BISCAYNE BLVD STE 350
CITY-ST-ZIP MIAMI, FL 33161

TITLE P
NAME BERKOVITZ, RONALD J
STREET ADDRESS 10800 BISCAYNE BLVD STE 350
CITY-ST-ZIP MIAMI, FL 33161

TITLE ST
NAME POSNER, STUART
STREET ADDRESS 10800 BISCAYNE BLVD STE 350
CITY-ST-ZIP MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

000000633506
02/21/07-80064-023 150.00

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, without other like empowered.

SIGNATURE: Stuart Posner, Sec. & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07
Date

(305) 893-1110
Daytime Phone #