

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000933

FILED
Apr 29, 2009
Secretary of State

Entity Name: PLATOS S.A. INC.

Current Principal Place of Business:

% THOMAS C. ROBERGE
1 BEACH DRIVE SE - SUITE 220
ST. PETERSBURG, FL 33701

New Principal Place of Business:

1 BEACH DRIVE SE - SUITE 220
ST. PETERSBURG, FL 33701

Current Mailing Address:

% THOMAS C. ROBERGE
1 BEACH DRIVE SE - SUITE 220
ST. PETERSBURG, FL 33701

New Mailing Address:

1 BEACH DRIVE SE - SUITE 220
ST. PETERSBURG, FL 33701

FEI Number: 47-0849982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSKUS, SUSAN I CPA
1 BEACH DRIVE SE - SUITE 220
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLAFSSON, GUDMUNDUR
Address: 1 BEACH DRIVE SE - STE 220
City-St-Zip: ST PETERSBURG, FL 33701

Title: DV () Delete
Name: GUDMUNDSSON, MAGNUS
Address: 1 BEACH DRIVE SE - STE 220
City-St-Zip: ST PETERSBURG, FL 33701

Title: SCD () Delete
Name: HILMARSSON, EGGERT J
Address: 1 BEACH DRIVE SE - STE 220
City-St-Zip: ST PETERSBURG, FL 33701

Title: TVC () Delete
Name: JONSSON, BJORN
Address: 1 BEACH DRIVE SE - STE 220
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN INEZ POSKUS, CPA

CPA

04/29/2009

Electronic Signature of Signing Officer or Director

Date