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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>:</u>
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporati		
SUBJECT: PLATI	(Name of corporation - must include suffix)	
	(Name of corporation - must include suffix)	
Dear Sir or Madam:		
	Foreign Corporation for Authorization to Transact Business in Florida", and check are submitted to register the above referenced foreign corporation to	
Please return all corresponder	nce concerning this matter to the following:	
Vict	(Name of Person)	
	· ·	٠.
PLATI	(Firm/Company) SW 40 Street # 104 (Address) FL 33155-3708 (City/State and Zip code)	
	(Firm/Company)	
6800	2 SW 40 Street # 104	
	(Address)	
Mign	ni FL 33155-3708	
	(City/State and Zip code)	
For further information conce	erning this matter, please call:	-
Victor m FARIN	WAS at (305) 445-1921	34 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1
(Name of Person)	Area Code & Daytime Telephone Number)	
	ယ်	8
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	後になってい ひら
Enclosed is a check for the fo	ollowing amount:	
	\$78.75 Filing Fee & S78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	&

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. PLATINUM ALLIANCE CROUP INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Nevada 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 7/22/04 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") UPON QUALI FICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 101 CONVENTION Drive Svite 700, LAS Vecas No. (Principal office address) 6800 SW 40 St # 104 Mi Ami, FL 33155-3708 (Current mailing address) 8. Real Estate

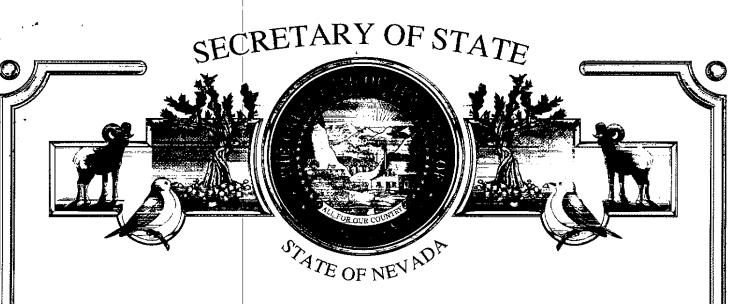
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: - Victor m FARINAS Office Address: 3/05 Grangog Blvd

Coral Gables , Florida 33/34

(City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRE				
Chairman:	ELVI	en A	Escelbano	
Address: _	6800	SW 4	10 St # 104, Miami, FL 33155	. <u> </u>
	-			
Vice Chair	man:			
Address: _		·		
Director: _	Victor	m.	FARINAS O street 4104, Minni, FL 33155	
Address: _	6800	541 4	o street 4104 Minni, FL 33155	
_				
Director: _				
Address: _			- -	
	·			
B. OFFIC	CERS			
President:	ELVIR	4 A.	ESCRIBAND	
Address: _	6800	5w 4	40 st # 104, mismi, FC 33155	
_				
Vice Presid	ent: Vica	or M	FARINAS	
Address: _	6800	SU	40 St # 104 Minn, FL 33155	
_				
Secretary: _	Victo	n m	FARIVAS	
Address: _	6800	SW	40 St # 104 MIAMI, FL 33156 5	<u></u>
Treasurer:	ELVI	na A	Escribano 1	T;
Address: _	6800	SW	40 St # 104 Minns, FC 33155	₹₹ 1
			2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	;
NOTE: If	necessary, you	may attach	an addendum to the application listing additional officers and/or directors.	
13	(Signatur	e of Director		
14	VICTO		FARINAS DIRECTOR	
	(Typed or pri	nted name and capacity of person signing application)	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PLATINUM ALLIANCE GROUP, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 22, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on July 22, 2004.

DEAN HELLER Secretary of State

Certification Clerk

