

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037440

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: PLATINUM PROPERTIES GROUP INC.

## Current Principal Place of Business:

P.O. BOX 526163  
MIAMI, FL 331526163

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 526163  
MIAMI, FL 331526163

## New Mailing Address:

FEI Number: 65-1097465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, OSCAR F  
4459 FOXTAIL LANE  
WESTON, FL 33331 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: PD ( ) Delete  
Name: GONZALEZ, OSCAR F  
Address: 4459 FOXTAIL LANE  
City-St-Zip: WESTON, FL 33331

Title: SD ( ) Delete  
Name: GONZALEZ, ANA  
Address: 4459 FOXTAIL LANE  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: OSCAR F. GONZALEZ

PD

01/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date