

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90463 033 ***150.00

DOCUMENT # P01000051113

1. Entity Name
S & M PLATINUM TRUCKING, INC.



Principal Place of Business
**16233 SW 18TH PLACE
MIRAMAR, FL 33027**

Mailing Address
**16233 SW 18TH PLACE
MIRAMAR, FL 33027**

60032218

2. Principal Place of Business
2600 SUNIVERSITY DR
Suite, Apt. #, etc.
120
City & State
DAVIE FL
Zip
33328 Country

3. Mailing Address
2600 SUNIVERSITY DR
Suite, Apt. #, etc.
120
City & State
DAVIE FL
Zip
33328 Country

02252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1106591 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OVERTON, MARCIA
16233 SW 18TH PLACE
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

Name
STEVE LUTAS
Street Address (P.O. Box Number is Not Acceptable)
2600 S UNIVERSITY DR APT 120
City
DAVIE FL Zip Code
33338

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTAS, STEVE 16233 SW 18TH PLACE MIRAMAR, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OVERTON, MARCIA 16233 SW 18TH PLACE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTAS STEVE 2600 S UNIVERSITY DR APT 120 DAVIE FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE LUTAS PRES 2/25/06 984489741

Date

Daytime Phone #