

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90004 003 ***158.75

DOCUMENT # P01000092881

1. Entity Name
PLATINUM PLUS REALTY AND INVESTMENTS, INC.



Principal Place of Business
**4330 W BROWARD
SUITE D
PLANTATION, FL 33317**

Mailing Address
**4330 W BROWARD
SUITE D
PLANTATION, FL 33317**

DO NOT WRITE IN THIS SPACE



06072005 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0558669	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRUMMOND, TOSHIA R
3731 NW 7TH PLACE
FORT LAUDERDALE, FL 33311**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DRUMMOND, BENTLYN S
STREET ADDRESS	3731 NW 7TH PLACE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311

TITLE	V
NAME	DRUMMOND, MARY
STREET ADDRESS	3731 NW 7TH PLACE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

DATE

Daytime Phone #

ATTACHMENT

40088988

Po 1000092881

6/4/05

To Whom it May Concern:

I never received
a renewal form.

Please reduce fees.

Sincerely,

Tasha Drummond

954-650-4463