## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P01000103890 PLATINUM PRODUCTS INTERNATIONAL, INC.

**FILED** Mar 02, 2006 08:00 Al Secretary of State

Principal Place of Business 3589 SW 10 STREET POMPANO BEACH, FL 33069 Mailing Address

3589 SW 10 STREET POMPANO BEACH, FL 33069



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02132006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0903933 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BORAKOS, TARA

6. Name and Address of Current Registered Agent

3589 SW 10 STREET POMPANO BEACH, FL 33069

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the lilons of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am famillar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORAKOS, TARA 3589 SW 10 STREET POMPANO BEACH, FL 33069	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			要素 (Tr. Style) では、f. ors supply on	U00000454215 03/14/06-80052-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>in</b> '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,	
NAME STREET ADDRESS CITY-ST-ZIP			Acceptance of the control of the con	
ı∡. i nereby c	sermy that the information supplied with this t	iling does not quality for the exe	mptions contained 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 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 tristee 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