


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90237 006 ***150.00

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|--|--|---------------------|---|---|--|
| DOCUMENT # P02000037055 1. Entity Name PLATINUM MORTGAGE FINANCE GROUP, INC. | | | |  | |
| Principal Place of Business 20295 N.W. 2ND AVENUE 216 MIAMI GARDENS, FL 33169 US | | | Mailing Address 20295 N.W. 2ND AVENUE 216 MIAMI GARDENS, FL 33169 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1122226 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MANLEY, WHITNEY A 20295 N.W. 2ND AVENUE SUITE #216 MIAMI GARDENS, FL 33169 | | | | 7. Name and Address of New Registered Agent Name Teonantra P. Manley Street Address (P.O. Box Number is Not Acceptable) 20295 N.W. 2nd Avenue, Suite 216 City Miami Gardens FL Zip Code 33169 | |
| 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 <i>Teonantra P. Manley</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/30/2008 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO MANLEY, TEONANTRA P 20295 N.W. 2ND AVENUE, SUITE 216 MIAMI GARDENS, FL 33169 | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 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: <i>Teonantra P. Manley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4/30/2008 Daytime Phone # 305-249-5990 | | |