

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 008 ***150.00

DOCUMENT # P02000045110

1. Entity Name
PLATINUM PROPERTY HOLDINGS, INC.



Principal Place of Business
**21050 POINT PL APT 2001
AVENTURA, FL 33180**

Mailing Address
**20533 BISCAYNE BLVD 127
AVENTURA, FL 33180**



2. Principal Place of Business
4310 Fox Ridge Dr

3. Mailing Address
4310 Fox Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State
WESTON FL

City & State
WESTON, FL

4. FEI Number
06-1696722

Applied For
Not Applicable

Zip
33331

Country
USA

Zip
33331

Country
USA

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

6. Name and Address of Current Registered Agent

**RAMIREZ, MANUEL A
1200 BRICKELL AVENUE
SUITE 1440
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **GBS CONSULTANTS, INC**
Street Address (P.O. Box Number is Not Acceptable)
1290 WESTON Road, SUITE 306
City **WESTON** FL Zip Code **33326**

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 *Manuel Ramirez* President GBS Consultants, Inc 03/29/06
Signature of registered agent 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 **D** ☐ Delete
NAME **AREVALO, JUAN**
STREET ADDRESS **21050 POINT PLACE, APT. 2001**
CITY-ST-ZIP **AVENTURA, FL 33178**

TITLE **PSD** ☐ Delete
NAME **AREVALO, MARIA LUISA**
STREET ADDRESS **21050 POINT PLACE, APT. 2001**
CITY-ST-ZIP **AVENTURA, FL 33178**

TITLE **D** ☐ Delete
NAME **AREVALO, JUAN CARLOS**
STREET ADDRESS **21050 POINT PLACE, APT. 2001**
CITY-ST-ZIP **AVENTURA, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **AREVALO, JUAN**
STREET ADDRESS **4310 Fox Ridge Dr.**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **PSD** ☒ Change ☐ Addition
NAME **AREVALO, MARIA LUISA**
STREET ADDRESS **4310 Fox Ridge Dr**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☒ Change ☐ Addition
NAME **AREVALO, JUAN CARLOS**
STREET ADDRESS **4310 Fox Ridge Dr.**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/06

Date

Daytime Phone #