
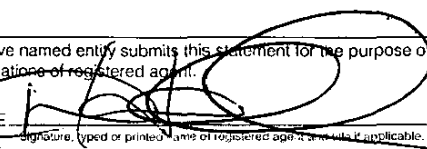
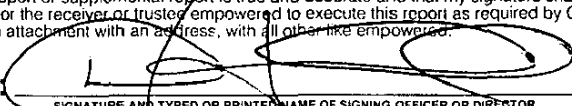


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90217 027 ***150.00

DOCUMENT # P02000089152 1. Entity Name PLATINUM REALTY CORP.					
Principal Place of Business 2018 N.E. 164TH STREET MIAMI, FL 33162			Mailing Address 2018 N.E. 164TH STREET MIAMI, FL 33162		
2. Principal Place of Business 1757 NE 162ND ST Suite, Apt. #, etc.		3. Mailing Address 1757 NE 162ND ST Suite, Apt. #, etc.			
City & State NORTH MIAMI BEACH, FL		City & State N. Miami Beach, FL		4. FEI Number 05-0528604	
Zip 33162		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRELL, DANIEL 2018 N.E. 164TH STREET MIAMI, FL 33162		7. Name and Address of New Registered Agent Name Daniel Harrell Street Address (P.O. Box Number is Not Acceptable) 1757 NE 162nd St City North Miami Beach FL Zip Code 33162			
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  (NOTE: Registered Agent signature required when relistening) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD HARRELL, DANIEL 2018 N.E. 164 STREET NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Daniel Harrell 1757 NE 162nd St North Miami Beach FL 33162	<input checked="" 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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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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		