

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90096 037 \*\*\*150.00


**DOCUMENT # P04000171640**  
 1. Entity Name  
 PLATINUM APPAREL, INC.

Principal Place of Business      Mailing Address  
 690 S. STATE ROAD 7      690 S. STATE ROAD 7  
 MARGATE, FL 33068      MARGATE, FL 33068

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



01182008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
 20-2053639      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ACCUPAY SERVICES CORP.  
 4801 SOUTH UNIVERSKTY DRIVE, SUITE 300  
 DAVIE, FL 33328

7. Name and Address of New Registered Agent  
 Name: ACCUPAY SERVICES CORP.  
 Street: 1776 N. Pine Island Rd.  
 Suite 216  
 City: Plantation, FL 33322      Zip Code

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]*      DATE: 3-17-08  
Signature of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCILMURRAY, DAVID			NAME			
STREET ADDRESS	690 S. STATE ROAD 7			STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33068			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]*      Date: 3-17-08      Daytime Phone #: 954-968-4007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR