

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90222 023 ***150.00

DOCUMENT # P05000016888 1. Entity Name PLATINUM BUILDERS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 21346 GLADIS AVE. PORT CHARLOTTE, FL 33569			Mailing Address 21346 GLADIS AVE. PORT CHARLOTTE, FL 33569		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2271663	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARZA, LUIS L 21346, GLADIS AVENUE PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____		
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	P GARZA, LUIS L 21346, GLADIS AVENUE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP GARZA, LUIS E 12604, MONTFORD LANE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	-	<input type="checkbox"/> Delete			
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 another like empowered.			SIGNATURE <i>Luis Garza</i> LUIS GARZA 4/24/08		