
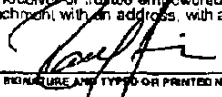
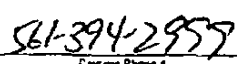


FILED
Jun 12, 2007 8:00 am
Secretary of State

05-22-2007 90014 017 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

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DOCUMENT # P0600011667B																										
1. Entity Name PLATTINNI FLORIDA INC.																										
Principal Place of Business 2999 NE 191 ST. #240 AVENTURA FL 33180		Mailing Address 2999 NE 191 ST. #240 AVENTURA FL 33180																								
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																							
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																								
EGOZI, LEON 2999 NE 191 ST. #240 AVENTURA FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when re-registered)</small>		DATE																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Func Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		4/27/07 																								
<small>PRINT OR TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>																								