

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

03-19-2008 90027 017 ***150.00

DOCUMENT # P06000117591 1. Entity Name PLATINUM INVESTMENTS OF LAKE LAND, INC.	
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Principal Place of Business 4405 MUSKET DRIVE LAKE LAND, FL 33810 US	Mailing Address P.O. BOX 91416 LAKE LAND, FL 33804 US
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66008773



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5533392	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, JAMEY 4405 MUSKET DRIVE LAKE LAND, FL 33810
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, JAMEY 4405 MUSKET DRIVE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAHA, ABDULRAZIK D 7411 BEAUMONT DRIVE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HENDERSON, ROSALAND C 4405 MUSKET DRIVE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 **4-28-08** Daytime Phone # _____