


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90033 006 \*\*\*150.00

**DOCUMENT # P07000127660**

1. Entity Name  
**PLATINUM PROFESSIONAL SERVICES, INC**



Principal Place of Business: **4280 JAMES ST. UNIT 6 PORT CHARLOTTE, FL 33980**

Mailing Address: **4280 JAMES ST. UNIT 6 PORT CHARLOTTE, FL 33980**


2. Principal Place of Business - (Not P.O. Box #) Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address - Suite, Apt. #, etc. City & State Zip Country

**6. Name and Address of Current Registered Agent**

**ROGERS, JUSTIN L**  
**10002 WINDING RIVER RD**  
**PUNTA GORDA, FL 33950**

**40114971**



08282008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

FILE NAME	STREET ADDRESS	CITY ST. ZIP	DELETE
P ROGERS, JUSTIN L	10002 WINDING RIVER RD	PUNTA GORDA, FL 33950	<input type="checkbox"/>
VP SUAREZ, EDUARDO	3828 LIZETTE LN	GLENVIEW, IL 60026	<input type="checkbox"/>
VP GARZA, LUIS L	4280 JAMES ST. UNIT 6	PORT CHARLOTTE, FL 33980	<input type="checkbox"/>
D GARZA, LUIS E	4280 JAMES ST. UNIT 6	PORT CHARLOTTE, FL 33980	<input type="checkbox"/>
P ROSETTI, ENRIQUE	2177 DIAMONDBACK CT	CHULA VISTA, CA 91915	<input type="checkbox"/>
			<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

FILE NAME	STREET ADDRESS	CITY ST. ZIP	DELETE	CHANGE	ADDITION
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 or 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:** Luiz Garza **LUIZ GARZA** **08/27/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR