2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000033686

1. Entity Name
PLATINUM INN(S) INC.

Principal Place of Business	Mailing Address
2525 CR 208 ST. AUGUSTINE, FL 32092	2535 STATE ROAD 16 ST. AUGUSTINE, FL 32092

03302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377840
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, RAMU S
2535 STATE ROAD 16
ST. AUGUSTINE, FL 32092

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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: Ramu S Patel 4-3-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PATEL, RAMU S
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	D
NAME	PATEL, AMI R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	OV
NAME	PATEL, SWATI R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	AT AUGUSTINE, FL
TITLE	OVS
NAME	PATEL, RAMILA R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	OV
NAME	PATEL, SNEHAL R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000536706
05/08/06-80103-011 150.00

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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: Snehal Patel SNEHAL R. PATEL 4-3-06 904.825.6745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #