

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033686

Entity Name: PLATINUM INN(S) INC.

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

2525 CR 208  
ST. AUGUSTINE, FL 32092

## New Principal Place of Business:

## Current Mailing Address:

2535 STATE ROAD 16  
ST. AUGUSTINE, FL 32092

## New Mailing Address:

FEI Number: 59-3377840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PATEL, SNEHAL R  
2535 STATE ROAD 16  
ST. AUGUSTINE, FL 32092 US

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.

SIGNATURE: SNEHAL R. PATEL

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: PATEL, RAMU S  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: PATEL, AMI R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST AUGUSTINE, FL

Title: DV ( ) Delete  
Name: PATEL, SWATI R  
Address: 2535 STATE ROAD 16  
City-St-Zip: AT AUGUSTINE, FL

Title: DVS (X) Delete  
Name: PATEL, RAMILA R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST AUGUSTINE, FL

Title: DV (X) Delete  
Name: PATEL, SNEHAL R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST AUGUSTINE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PATEL, SWATI R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP (X) Change ( ) Addition  
Name: PATEL, AMI R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VPTS (X) Change ( ) Addition  
Name: PATEL, SNEHAL R  
Address: 2535 STATE ROAD 16  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SNEHAL R. PATEL

VP

04/09/2007

Electronic Signature of Signing Officer or Director

Date