
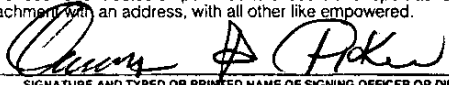


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90030 042 ***150.00

| | | | | | |
|---|--------------------------|---|--|---|--|
| DOCUMENT # P97000093985 1. Entity Name PLATINUM ENTERPRISES OF LAUDERDALE INC. | | | |  | |
| Principal Place of Business 2055 N.W. 32ND STREET., #7 POMPANO BEACH, FL 33064 | | | Mailing Address 2055 N.W. 32ND STREET., #7 POMPANO BEACH, FL 33064 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 07202005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0791170 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NOFIL, JOSEPH K PA 3284 N STATE RD 7 LAUDERDALE LAKES, FL 33319 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PIKE, PETAL | | NAME | | |
| STREET ADDRESS | 173 N.W. 77TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE, FL 33063 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PIKE, OWEN | | NAME | | |
| STREET ADDRESS | 173 N.W. 77TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE, FL 33063 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | Date: 7/20/05 Daytime Phone #: 954 977 5473 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

50059109



ATTACHMENT
50059109

Platinum Enterprises of Lauderdale, Inc.
2055 NW 32nd Street, #7
Pompano Beach, FL 33064

July 20, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

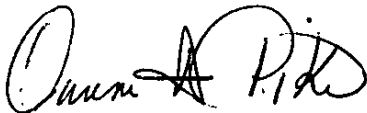
Re: P97000093985

Dear Officer:

Please be advised that we did not receive the renewal notice for 2005. We are now submitting the UBR 2005, along with a check for \$150 due in order to renew the corporation for this year. Please waive all the penalties due to the fact that we did not receive the renewal notice.

Please contact us if you need any additional information.

Sincerely,



Owen Pike,
President