

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 003 ***150.00

DOCUMENT # P98000035886

1. Entity Name
PLATINUM TALENT MANAGEMENT, INC.



Principal Place of Business
**3425 N FEDERAL HWY
FORT LAUDERDALE, FL 33306**

Mailing Address
**3425 N FEDERAL HWY
FORT LAUDERDALE, FL 33306**

2. Principal Place of Business - No P.O. Box #
3530 SW 7th Street
Suite, Apt. #, etc.

3. Mailing Address
3530 SW 7th Street
Suite, Apt. #, etc.

03062007 Chg-P CR2E034 (12/06)



City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
59-3506576

Applied For
Not Applicable

Zip Country
34474 Marion

Zip Country
34474 Marion

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

6. Name and Address of Current Registered Agent

**CURRAN, JOHN J
3530 SW 7TH ST
OCALA, FL 34474**

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

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, 2007 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 **ST CURRAN, JOHN J** ☐ Delete
STREET ADDRESS **3530 SW 7TH ST**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE
NAME **P CARTER, SR, DAVID J** ☐ Delete
STREET ADDRESS **3530 SW 7TH ST**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE
NAME **VP CARTER, JR, DAVID J** ☐ Delete
STREET ADDRESS **3530 SW 7TH ST**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 (352) 732-2992

Date Daytime Phone #