2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000098615 * • 1. Entity Name PLATINUM REALTY GROUP, P.A.				Mar 13, 2006 08:00 AM Secretary of State
Principal Place of Business 7681 LAKE WORTH RD LAKE WORTH 1 LAKE WORTH FL 33467 US		Mailing Address 7681 LAKE WORTH R LAKE WORTH 1 LAKE WORTH FL 334 US		
Principal Place of Business		3. Maiking Address		
Suite, Apt. If, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0960911 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	5. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
768	LLEMI, NICK 1 LAKE WORTH RD 1E WORTH FL 33467			(P.O. Box Number is Not Acceptable) Zip Code
the obligat	named entity submits this statement ions of registered agent. Signature, typed or profed name of registered agent. ILE NOW!!! FEE IS \$150.00. May 1, 2006 Fee Will Be \$550.00. (Payable to Florida Department.)	st east tille it explicable (NO	s registered office of regists TE-Registered Agent signature require	ered agent, or both, in the State of Florida. I am familiar with, and accepted when reastained a second when reastained as a second when reast
10.	OFFICERS ANI	36 A	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZP	P NICHOLAS, CHILLEMI 10205 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411	☐ Detete	HTLE NAME STREET AGORESS CITY-ST-ZIP	□ Change □ A**** 1100000146509903/22/06_80022-013_150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREES ADDRESS CITY-ST-ZIP	Change Asimum
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CSTY-ST-ZP	☐ Change ☐ Ad ****
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZHP	☐ Change ☐ Aiù
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Dolete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad.
TITLE NAME STREET ADDRESS CITY-S7-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CATY-ST-ZAP	☐ Change ☐ A ² ···
indicated of the co	l on this report or eupolemental report	is true and accurate and that appowered to execute this repr	my signature shall have the ort as required by Chapter (ned in Section 119, Florida Statutes. I further certify that the information as same legal effect as if made under oath, that I am an officer or direction, Florida Statutes; and that my name appears in Block 10 or Block 1

FILED

3/7/06 Sol-439-011/