

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91248 035 ***150.00

DOCUMENT # P03000007802			
1. Entity Name CLASSY CRYSTALS INC.			
Principal Place of Business 7020 SW 26 COURT MIRAMAR, FL 33023		Mailing Address 7020 SW 26 COURT MIRAMAR, FL 33023	
2. Principal Place of Business 7020 SW 26 COURT Suite, Apt. #, etc.		3. Mailing Address 7020 SW 26 COURT Suite, Apt. #, etc.	
City & State MIRAMAR, FLORIDA Zip: 33023 Country: USA		City & State MIRAMAR, FLORIDA Zip: 33023 Country: USA	
4. FEI Number 37-1455823		<input type="checkbox"/> Applied For <input checked="" 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 DRESHAR, BARBARA 7020 SW 26 COURT MIRAMAR, FL 33023		7. Name and Address of New Registered Agent Name: BARBARA DRESHAR Street Address (P.O. Box Number is Not Acceptable): 7020 S.W. 26 COURT City: MIRAMAR FL Zip Code: 33023	
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: <u>Barbara Dreshar</u> DATE: <u>4-29-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DRESHAR, BARBARA STREET ADDRESS: 7020 SW 26 COURT CITY-ST-ZIP: MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE: V/D/T NAME: NORMAN CARREIRO STREET ADDRESS: 7020 SW 26 COURT CITY-ST-ZIP: MIRAMAR, FLA. 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: CARREIRO, NORMAN STREET ADDRESS: 7020 SW 26 COURT CITY-ST-ZIP: MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE: S NAME: ESTHER ERDMAN STREET ADDRESS: 126 LONE PINE DR. CITY-ST-ZIP: HALL ENDALE, FLA. 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barbara Dreshar</u> <u>BARBARA DRESHAR</u> <u>4-29-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

certified

if possible

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT
PROVIDE FOR INSURANCE - POSTMASTER

Received From:

BARBARA DRESHARE

70208.W.26 St.

MIRAMAR, FLA 33023

One piece of ordinary mail addressed to:

DIVISION OF CORPORATIONS

P.O. Box 1500

TALLAHASSEE, FLA.

32302-1500

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UNITED STATES
POSTAL SERVICE



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33023
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