2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State
05-27-2008 90043 028 ***150.00

DOCUMENT # P07000007543

1. Entity Name
KLASSIC MORTGAGE, CORP.

Principal Place of Business	Mailing Address
4180 S.W. 152ND AVENUE MIRAMAR, FL 33027	4180 S.W. 152ND AVENUE MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12515 ORANGE DRIVE	12515 ORANGE DRIVE
Suite, Apt. #, etc.: SUITE 802	Suite, Apt. #, etc.: SUITE 802
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33330 Country: USA	Zip: 33330 Country: USA

01152008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-8258117 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMID, OMAR E 4180 S.W. 152ND AVENUE MIRAMAR, FL 33027	Name: HAMID, OMAR E Street Address (P.O. Box Number is Not Acceptable): 12515 ORANGE DRIVE, SUITE 802 City: DAVIE FL Zip Code: 33330

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMID, OMAR E 4180 S.W. 152ND AVENUE MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMID, KHALID 4180 S.W. 152ND AVENUE MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UPDST KHALID HAMID	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAMID, CLARA M 4180 S.W. 152ND AVENUE MIRAMAR, FL 33027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 6-19-08 954-382-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #