

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000063034



Entity Name
CLASSIC HOMES OF SOUTH FLORIDA, INC.

What Place of Business
**4630 N UNIVERSITY DR
 PMB 436
 CORAL SPRINGS, FL 33067**

Mailing Address
**4630 N UNIVERSITY DR
 PMB 436
 CORAL SPRINGS, FL 33067**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0676467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WENTHAL, ALAN H CPA, PA
 4630 UNIVERSITY DRIVE STE 305
 CORAL SPRINGS, FL 33065**

**DO NOT WRITE
 IN THIS SPACE**

I, 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, 2006 Fee will be \$550.00**

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

110000396827
 01/30/06-80024-013 150.00

OFFICERS AND DIRECTORS

P	BRILL, SAMUEL 4630 N UNIVERSITY DRIVE PMB 436 CORAL SPRINGS, FL 33067
S	BRILL, JANET 4630 N UNIVERSITY DRIVE PMB 436 CORAL SPRINGS, FL 33067

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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 fees empowered.

SIGNATURE: Samuel Brill **SAMUEL BRILL PRESIDENT** 1/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
 954 341-0780