

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90072 034 \*\*\*158.75

**DOCUMENT # F78118**

1. Entity Name  
**TOUCH OF CLASS COMPLETE INTERIORS, INC.**



Principal Place of Business  
**8362 PINES BLVD #328  
PEMBROKE PINES, FL 33024**

Mailing Address  
**8362 PINES BLVD #328  
PEMBROKE PINES, FL 33024**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2186756**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~TUCKER, ESQ. WILLIAM D~~ **LORRAINE STEVENSON**  
~~735 NE 3 AVE~~ **8362 PINES BLVD**  
~~FT LAUDERDALE, FL 33304~~ **SUITE 328**  
**PEMBROKE PINES FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

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 **LORRAINE STEVENSON, SECT/TREAS**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3-31-08**  
DATE

**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**

TITLE	P
NAME	STEVENSON, ROBERT
STREET ADDRESS	7191 SW 13TH ST
CITY - ST - ZIP	PEMBROKE PINES, FL
TITLE	ST
NAME	STEVENSON, LORRAINE
STREET ADDRESS	7191 SW 13TH ST
CITY - ST - ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: **LORRAINE ANN STEVENSON** **3-31-08** **954-966-2231**  
Date Daytime Phone #