2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 666505

1. *Entity Name*
CLASSIC BRASS WORKS, INC.

Principal Place of Business	*Mailing Address*
4009 NE 5TH TERRACE FT. LAUDERDALE, FL 33334-2204	4009 NE 5TH TERRACE FT. LAUDERDALE, FL 33334-2204

01122006 No Chg-P CR2E034 (11/05)

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4. *FEI Number*
59-1986040
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOANNOU, JIMMY
4009 NE 5TH TERR
FT. LAUDERDALE, FL 33334

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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 _____ 1/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

000000388007
01/19/06-80062-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOANNOU, JIMMY
STREET ADDRESS	2427 SEA ISLAND DR
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	JOANNOU, GWENDOLYN A.
STREET ADDRESS	2427 SEA ISLAND DR
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	JOANNOU, PAVLO
STREET ADDRESS	3029 N ATLANTIC BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Pavlo Joannou 1/12/06 954/566-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #