## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # G84234

1. Entity Name

CLASSIQUE CAPITAL CORP.



FILED
Apr 22, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2208 DOGWOOD CIRCLE MT. DORA, FL 32757 2208 DOGWOOD CIRCLE MT. DORA, FL 32757



04062004

No Chg-P

CR2E034 (10/03)

352-383-0775

Daytime Phone #

4. FEI Number 59-2369026

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUETZMACHER, GREG 2208 DOGWOOD CIRCLE MOUNT DORA, FL 32757

SIGNATURE: Alex

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP GRUETZMACHER, GREG 2208 DOGWOOD CIRCLE MT. DORA, FŁ	TOAS	1 100 / 100 / 100		U00000125575 04/22/04-80031-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRUETZMACHER, CAROL ANN 2208 DOGWOOD CIRCLE MT. DORA, FL	<u>-</u>			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

MACHEL RINTED HAME OF SIGHING OFFICER OR DIRECTOR 4/12/04