

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J57543

1. Entity Name  
CLASSY CLOSETS, INC.



Principal Place of Business  
3839 PEMBROKE ROAD  
HOLLYWOOD, FL 33021

Mailing Address  
6400 CROSSBOW CT.  
DAVIE, FL 33331

2. Principal Place of Business  
2019 N.W. 111th Loop  
OCALA, FL 34475

3. Mailing Address  
2019 N.W. 111th Loop  
OCALA, FL 34475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, FL

Zip 34475 Country MARION

City & State  
OCALA, FL

Zip 34475 Country MARION

6. Name and Address of Current Registered Agent

KAISERMAN, SUSAN  
6400 CROSSBOW CT.  
DAVIE, FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 Susan Kaiserman (SAME)  
Signature is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-14-07

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAISERMAN, SUSAN 6400 CROSSBOW CT. DAVIE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Susan Kaiserman Susan Kaiserman 5-14-06 868-6143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

954-