

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90013 047 \*\*\*150.00

**DOCUMENT # L57616**

1. Entity Name

FLORIDA CLASSIC CLOSETS, INC.



Principal Place of Business

2208 S. W. 60TH. TERR  
9531 SEAGRAPE DRIVE #204  
MIRAMAR FL 33023  
US

Mailing Address

FLORIDA CLASSIC CLOSETS  
2208 SW 60TH TERR  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2208 SW 60th Terr

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0178729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GITLIN, MELVIN  
9531 SEAGRAPE DR.  
#204  
FT. LAUDERDALE FL 33324

Name

GITLIN, MELVIN

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

9118A SW 20th CT

City

FT LAUDERDALE

FL

Zip Code

33324

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

*Melvin Gitlin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/04

DATE

**FILE NOW!!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME GITLIN, MELVIN  
STREET ADDRESS 9118-A SW 20TH CT  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GITLIN, MARC  
STREET ADDRESS 9118-A SW 20TH CT  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE ☒ Change ☐ Addition  
NAME GITLIN, MARC  
STREET ADDRESS 2942 W. Abiaca Circle  
CITY-ST-ZIP DAVIE, FL 33328

TITLE SD ☐ Delete  
NAME ECKSTEIN, STEVE  
STREET ADDRESS 9161 N.W. 13TH ST.  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

*Man Sith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

Date

9549644226

Daytime Phone #