2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

Feb 11, 2005 ·08:00 AM DOCUMENT # M23844 **Secretary of State** 1. Entity Name GUY & MORTY'S TOUCH OF CLASS, INC. Principal Place of Business Mailing Address 1291 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 1291 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2606087 Not Applicable Zηρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUIRRE, LUCY Street Address (P.O. Box Number is Not Acceptable) 1291 WEST PALMETTO PARK ROAD **BOCA RATON FL 33486** City 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. Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP ☐ Addition hitt Delete HTIF AGUIRRE, LUCY NAME NAME 4736 N.W. 6TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP 🔲 Change Addition HILL ☐ Delete U00000225120 □ ^{Change} U 02/11/05-80029-014 150.00 NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP Cary-ST-ZIP ☐ Delete Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP Delete ☐ Addillon THILE ☐ Change HILE NAME MAINE STREET ADDRESS STREET ADDRESS CITY-SE-7IP CHY-S1-7P ☐ Delete ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-S1-71P Change Addition HILE ☐ Delete TITLE NAME MAM STREET ADORESS STREET ADDRESS

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.

CITY-SI-7P

SIGNATURE: YELL SECURE LUCY HOUITER
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C114-51-71P

2-8-05

961.395.3500

FILED