

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90381 011 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10079739

DOCUMENT # P00000070314		
1. Entity Name CLASSIC TOUCH MASSAGE, INC.		
Principal Place of Business 3471 COCOPLUM CIRLCE COCONUT CREEK, FL 33063		Mailing Address 3471 COCOPLUM CIRLCE COCONUT CREEK, FL 33063
2. Principal Place of Business 20925 Lyons Rd Suite, Apt. #, etc.		3. Mailing Address 3821 Woodfield Ct. Suite, Apt. #, etc.
City & State Boca Raton, FL		City & State Coconut Creek, FL
Zip 33428	Country USA	Zip 33073 Country USA
4. Name and Address of Current Registered Agent YASIN, SAMER 3471 COCOPLUM CIRLCE COCONUT CREEK, FL 33063		4. FEI Number 65-1065419 Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name Yasin, Samer Street Address (P.O. Box Number is Not Acceptable) 3821 Woodfield Court City Coconut Creek FL Zip Code 33073
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 Jacki L. Yasin 4/15/03 (NOTE: Registered Agent's signature required when resigning)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD YASIN, SAMER 3471 COCOPLUM CIRLCE COCONUT CREEK, FL 33063 <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	VD YASIN, JACKI 3471 COCOPLUM CIRLCE COCONUT CREEK, FL 33063 <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
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
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 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: Jacki L. Yasin 4/15/03 (109) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 818-1947		

CR2034 (10/02)