2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112585

Entity Name: CLASSIC REALTY SERVICES, INC.

FILED Apr 28, 2005 Secretary of State

Current Pi	rincipal Plac	e of Business:	New Principal Pla	New Principal Place of Business:	
17107 PINI PEMBROK	ES BLVD (E PINES, FL	33027			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
17107 PINE PEMBROK	ES BLVD (E PINES, FL	33027			
FEI Number:	65-1058206	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HAROON, 17107 PINI PENBROK		33027 US			
	named entity of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:					
	Electro	onic Signature of Registered Age	ent	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HAROON, FAI 17107 PINES		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MOTEN, ANW 5008 NW 113		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ABID, ABDUL 2893 SW 13T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MOHAMMOD, 3001 BOGAT/ COOPER CIT	A AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AFZAL, MAJIÌ 1408 SOUTH) Delete) POWERLINE RD EACH, FL 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAISAL HAROON D 04/28/2005