

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2008 -08:00 AM
Secretary of State**

DOCUMENT # P01000007778

1. Entity Name

A TOUCH OF CLASS LINEN, INC.



Principal Place of Business

6366 NW 99 AVE
DORAL, FL 33178

Mailing Address

6366 NW 99 AVE
DORAL, FL 33178



02072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1070776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMASSETTI, PASCUAL
6366 NW 99 AVE
DORAL, FL 33178

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IN THIS SPACE**

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 title if applicable

PASCUAL TOMASSETTI

(NOTE: Registered Agent signature required when reinstating)

02/11/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000827462
02/21/08-80091-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME TOMASSETTI, PASCUAL
STREET ADDRESS 6366 NW 99 AVE
CITY-ST-ZIP DORAL, FL 33178

TITLE V
NAME MELEAN, DILIA
STREET ADDRESS 6366 NW 99 AVE
CITY-ST-ZIP DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PASCUAL TOMASSETTI

02/11/08