



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 023 ***150.00

DOCUMENT # P01000118749 1. Entity Name FIRST CLASS ESTATES, INC.					
Principal Place of Business 1451 W. CYPRESS CREEK RD SUITE 300 FT. LAUDERDALE, FL 33309 US			Mailing Address 5161 NORTHWEST 45TH AVENUE COCONUT CREEK, FL 33073		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1451 W. CYPRESS CREEK RD SUITE 300 FT. LAUDERDALE, FL Zip Country 33309 US			
		4. FEI Number 65-1159284		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMBER, LAMONT 5161 NORTHWEST 45TH AVENUE COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name HUMBER, LAMONT Street Address (P.O. Box Number is Not Acceptable) 1451 W. CYPRESS CREEK RD SUITE 300 City State Zip Code FT. LAUDERDALE FL 33309		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 7/11/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HUMBER, LAMONT D 5161 NORTHWEST 45TH AVENUE COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HUMBER, LAMONT 1451 W. CYPRESS CREEK RD, SUITE 300 FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 7/11/06 DAYTIME PHONE # 954-745-1900 <small>Date Daytime Phone #</small>		