


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000043639</b> 1. Entity Name <b>CLASSIC CUSTOM FINISHING &amp; RESTORATION, INC.</b>	
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Principal Place of Business <b>2759 NW 30TH AVENUE LAUDERDALE LAKES, FL 33311</b>	Mailing Address <b>2759 NW 30TH AVENUE LAUDERDALE LAKES, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**



03272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>42-1542897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CORRALES, LYNN  
1100 SE 5TH COURT  
POMPANO BEACH, FL 33060**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

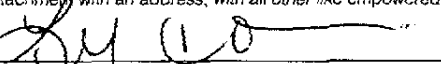
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORRALES, LYNN 1100 SE 5TH COURT POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORRALES, ERIC 1100 SE 5TH COURT POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORRALES, CHRISTOPHER 1100 SE 5TH COURT POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/04-00045-021 150.00

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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_