

CERT MAIL 7003 1680 0000 88

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90180 026 \*\*\*150.00

**DOCUMENT # P02000067060**1. Entity Name  
CLASSIC & NOW INC.

Principal Place of Business

7258 NW 70TH ST.  
MIAMI, FL 33166

Mailing Address

7258 NW 70TH ST.  
MIAMI, FL 33166

04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number  
03-0463894Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**MASFORROLL, EMILIO J  
11180 W FLAGLER ST., #11  
MIAMI, FL 33174**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ELMAN, GALA
STREET ADDRESS	7258 NW 70TH ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	STD
NAME	GRODZKI, EMILIANO Y
STREET ADDRESS	7258 NW 70TH ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

EMILIANO GRODZKY SECT

4/29/04

Date

305 552 1206

Daytime Phone #