

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 8:00 am
Secretary of State

04-14-2005 90099 017 ***150.00

DOCUMENT # P02000088116 1. Entity Name CLASSIC TOUCH-UP, INC			
Principal Place of Business 12850 ST RD 84 #2-26 FORT LAUDERDALE, FL 33325		Mailing Address 12850 ST RD 84 #2-26 FORT LAUDERDALE, FL 33325	
2. Principal Place of Business 4464 N.W. 99 kmce		3. Mailing Address 4464 N.W. 99 kmce	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33351	Country FLORIDA	Zip 33351	Country FLORIDA
6. Name and Address of Current Registered Agent BARRERA, MARIO 12850 ST RD 84 #2-26 FORT LAUDERDALE, FL 33325		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u></u> 05/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRERA, MARIO 12850 ST RD 84 #2-26 FORT LAUDERDALE, FL 33325	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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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)(l), 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: <u></u>		05/12/05 954-663-3014	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66017492



02232005 Chg-P CR2E034 (10/03)

4. FEI Number
54-2068650

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRERA, MARIO
12850 ST RD 84 #2-26
FORT LAUDERDALE, FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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PD
BARRERA, MARIO
12850 ST RD 84 #2-26
FORT LAUDERDALE, FL 33325

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #