


2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-28-2004 90019 009 ***150.00
FILED P02000133483
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P02000133483																											
1. Entity Name KLASSIC CUTZ, INC																											
Principal Place of Business 6101 SOUTH ORNAGE AVE SUITE B ORLANDO, FL 32809		Mailing Address 6101 SOUTH ORNAGE AVE SUITE B ORLANDO, FL 32809																									
2. Principal Place of Business 6101 S. Orange Ave B		3. Mailing Address SAME																									
City & State Orlando FL		City & State Orlando FL																									
Zip 32809		Country Orlando																									
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BAEZ, PORFIRIO 6101 SOUTH ORNAGE AVE SUITE B ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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>Porfirio Baez</u> (NOTE: Registered Agent signature required when resigning) DATE																											
FILE NOW!!! FILE TO \$550.00 150.00 Due by September 8, 2004		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																									
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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: _____ Date _____ Daytime Phone # _____																											

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Attachment

54065342 42

To: Division of Corporations
2670 Executive Center circle
Suite 100
Tallahassee, FL 32301

PD2000133483

Re: Wavier of Late Fees

From: Onix Baez President
Klassic Cutz, Inc
6101 South Orange Ave, Suite B
Orlando, Fl 32809

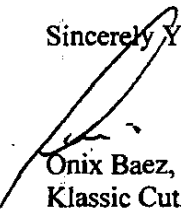
To Whom It May Concern:

I Onix Baez, President of Klasssic Cutz, inc. have just returned home from

My government tour in Baghdad. I have come home to find my father Porfirio Baez, Registered Agent did not pay our corporate fee to keep our corporation in good standings. So I ask the late fees to be waived for I was not here to receive the proper papers to reinstate our corporation on time. I would greatly appreciate this kind gesture on your behalf. I promise to make sure the following year will be paid on time.

Enclosed is a check payable in the amount of \$150.00.

Sincerely Yours,


Onix Baez, President
Klassic Cutz, Inc