

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 047 ***150.00

DOCUMENT # P04000125393

1. Entity Name
A CLASSIC BAG 4 YOU, INC.



Principal Place of Business
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

Mailing Address
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

2. Principal Place of Business
800 W. CYPRESS CREEK RD.

3. Mailing Address
800 W. CYPRESS CREEK RD.

Suite, Apt. #, etc.

SUITE 465

Suite, Apt. #, etc.

SUITE 465

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

04282006

Chg-P

CR2E034 (11/05)

4. FEI Number
16-1706805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAL, LARRY
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDTS ☐ Delete
NAME WALKER, JENNIFER
STREET ADDRESS 800 W CYPRESS CREEK RD. #470
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ATAS ☐ Delete
NAME LEGAL, LARRY
STREET ADDRESS 800 W CYPRESS CREEK RD. #470
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 S.W. 29TH ST.
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE AST. SEC. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.6