

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90021 026 \*\*\*150.00

<b>DOCUMENT # P04000126560</b>			
<b>1. Entity Name</b> S & S CLASSIC CARS, INC.			
<b>Principal Place of Business</b> 2716 NE 30TH AVE LIGHTHOUSE POINT, FL 33064		<b>Mailing Address</b> 2716 NE 30TH AVE LIGHTHOUSE POINT, FL 33064	
<b>2. Principal Place of Business</b> 15635 Palma Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15635 Palma Lane Suite, Apt. #, etc.	
<b>City &amp; State</b> Wellington, FL Zip 33414 Country		<b>City &amp; State</b> Wellington FL Zip 33414 Country	
<b>4. FEI Number</b> 76-0766924		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHNIEDER, STANLEY A 2716 NE 30TH AVE LIGHTHOUSE POINT, FL 33064		<b>7. Name and Address of New Registered Agent</b> Name: GLAZER Simon Street Address (P.O. Box Number is Not Acceptable): 15635 Palma Lane City: Wellington FL Zip Code: 33414	
<b>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.</b> SIGNATURE: <u>SIMON GLAZER</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: D NAME: GLAZER, SIMON STREET ADDRESS: 15635 PALMA LANE CITY-ST-ZIP: WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b>		4/3/06 561-632-6291 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			