CITY-ST-ZIP

SIGNATURE:

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

Daylime Phone #

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DOCUMENT # P04000166286 1. Entity Name CLASSIC CLUB, INC.				Secretary of St			
Principal Pla 3838 W 16 HIALEAH, FI		Mailing Address 3838 W 16 AVE HIALEAH, FL 33012					
[OO NOT WRITE 6. Name and Address of Current Re	CE	03312008 4. FEI Numbe 20-197	No Chg-P	CR2E034 (11/05)	d For plicable	
3838 W 16	IEDA, ORLANDO			NOT W			
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, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CARNET, JOEL 3838 W 16 AVE HIALEAH, FL 33012	RECTORS			U000 OS/13/0	00916449 8-80001-016 150	.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				· .			

12. Thereby 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 of 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 of 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR