2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM **DOCUMENT # P05000053979 Secretary of State** Entity Name CLASSIC FOOD & BEVERAGE OF BROWARD, INC. Mailing Address Principal Place of Business 851 NORTH 9TH AVE 851 NORTH 9TH AVE HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 No Chg-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MASTROPIERRO, JOSEPH DO NOT WRITE 851 NORTH 9TH AVE HOLLYWOOD, FL 33019 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE MASTROPIERRO, JOSEPH NAME U00000620121 02/09/07-80024-010 150.00 STREET ADDRESS 851 NORTH 9TH AVE CITY-ST-ZIP HOLLYWOOD, FL 33019 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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: 50 SEPH MASTROPIERRO 2-3-07 954-804-3943

CITY-ST-ZIP