

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055222

FILED
Apr 18, 2007
Secretary of State

Entity Name: CFIRSTCLASS CORP.

Current Principal Place of Business:

1100 LEE WAGENER BLVD.
205
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1100 LEE WAGENER BLVD.
205
FT. LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 20-2706502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSON, ROBERT L
125 EDGEWATER DRIVE
CORAL GABLES, FL, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERT, MASSON L
Address: P.O. BOX 330421
City-St-Zip: MIAMI, FL 33233

Title: S () Delete
Name: GRISWOLD BRANDT, GABRIELLE
Address: 2321 SW 21 STREET
City-St-Zip: MIAMI, FL 33145

Title: CEO () Delete
Name: RICHARDSON, DARRELL
Address: 115 NORTHPOUND LANE
City-St-Zip: WINSTON SALEM, NC 27106

Title: CFO (X) Delete
Name: MOTT, JOSEPH M III
Address: P.O. BOX 2507
City-St-Zip: DAVIDSON, NC 28036

Title: DIR () Delete
Name: CATANIA, THOMAS A MD
Address: 2033 TROON DRIVE
City-St-Zip: HENDERSON, NV 89074

Title: DIR (X) Delete
Name: RODGERS, MARK E
Address: 1495 KRISTEN DRIVE
City-St-Zip: JACKSON, MS 39211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. MASSON

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date