2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000074143

1. Entity Name
LUBIN'S CLASSIC CUTS, INC.

Principal Place of Business	Mailing Address
13806 NW 7TH AVE MIAMI, FL 33168	13806 NW 7TH AVE MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

02192007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2879085	☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUBIN, ASTRIDE
13806 NW 7TH AVE
MIAMI, FL 33168

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUBIN, ASTRIDE
STREET ADDRESS	13806 NW 7TH AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	DV
NAME	LUBIN, GERMAIN
STREET ADDRESS	13806 NW 7TH AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/07-80020-001 150.00

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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: _____   2/19/07   754-422-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #