

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90013 042 \*\*\*150.00

DOCUMENT # P05000110124

1. Entity Name

CLASS EXCLUSIVE, INC.



Principal Place of Business

2550 SE 6TH ST  
POMPANO BEACH FL 33062  
US

Mailing Address

2550 SE 6TH ST  
POMPANO BEACH FL 33062  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3817067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSTROW, GARY S  
3000 NE 30TH PLACE  
SUITE 301  
FORT LAUDERDALE, FL FL 33306

DELETE

Name: **DEBRA ALDERDICE**

Street Address (P.O. Box Number is Not Acceptable): **2550 S.E. 6TH ST.**

City: **Debra Alderdice**  
**2550 SE 6th St.**  
**Pompano Beach, FL 33062**

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent from \_\_\_\_\_ am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of Registered Agent (if not the same as the filer, the filer must sign and print name of registered agent and state "I am familiar with, and accept the obligations of registered agent.")

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete  
NAME: **P**  
STREET ADDRESS: **ALDERDICE, DEBRA**  
CITY-ST-ZIP: **2550 SE 6TH ST  
POMPANO BEACH FL 33062**

TITLE: ☒ Delete  
NAME: **VPT**  
STREET ADDRESS: **PELTZEK, DANA L**  
CITY-ST-ZIP: **2550 SE 6TH ST  
POMPANO BEACH FL 33062**

TITLE: ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Change ☐ Addition  
NAME: **DEBRA ALDERDICE**  
STREET ADDRESS: **2550 S.E. 6TH ST**  
CITY-ST-ZIP: **POMPANO BEACH FL 33062**

TITLE: ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-08