

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/5/2006-90193-048-\$150.00-\$150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P05000113967 1. Entity Name A TOUCH OF CLASS BANQUET HALL, INC. | | <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 24px;">FILED</div> <div style="position: absolute; top: 10px; left: 10px; font-family: cursive; font-size: 12px;"> SUR 08 JUL - 5 AM 06:07 PLEASE PRINT ADDRESS 1026 NW 163 ST N. MIAMI BEACH, FL 33162 </div> | |
| Principal Place of Business 3530 NW 213TH ST MIAMI FL 33056 <i>3530 NW 213 ST.</i> | | Mailing Address 3530 NW 213TH ST MIAMI FL 33056 <i>1026 NW 163 ST N. MIAMI BEACH, FL 33162</i> | |
| 2. Principal Place of Business 1026 NW 163 ST Suite, Apt. #, etc. <i>MIAMI FL 33162</i> | | 3. Mailing Address 1026 NW 163 ST Suite, Apt. #, etc. <i>NONE</i> | |
| City & State N. MIAMI BEACH FL Zip 33162 | | City & State N. MIAMI BEACH FL Zip 33162 | |
| 4. FEI Number 20-3308267 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAWRENCE, GIOVANNI-Z 3530 NW 213TH ST MIAMI FL 33056 <i>1026 NW 163 ST N. MIAMI BEACH FL 33162</i> | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>NONE</i> City FL Zip Code | |
| 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 <i>Giovanni Lawrence</i> DATE <i>4/25/06</i> <small>Signature, print or printed name of registered agent and add if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAWRENCE, GIOVANNI Z 3530 NW 213TH ST MIAMI FL 33056 <i>1026 NW 163 ST</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NO CHANGES ONLY ADDRESS</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LAWRENCE, LEMROY A 3530 NW 213TH ST MIAMI FL 33056 <i>1026 NW 163 ST</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>LAWRENCE, LEMROY A 1026 NW 163 ST N. MIAMI BEACH FL 33162</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 empowered. | | | |
| SIGNATURE: <i>Giovanni Lawrence</i> | | DATE: <i>4/25/06</i> | |

JC 7/10

We moved from this address, so we received the mail late. had a Be re-ported!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2006

A TOUCH OF CLASS BANQUET HALL, INC.
1026 N.E. 163 ST
MIAMI, FL 33162

ATTN: Please change address back to 3530 NW 213 St. We're not moving anymore.

Subject: A TOUCH OF CLASS BANQUET HALL, INC.

Reference Number: P05000113967

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/br
ANNUAL REPORTS SECTION

I'm re sending the check for \$150.00, because we were moving and changing banking, and I had not know that the first \$150.00 did not clear when we changed banking.

P.O. BOX 6327 - Tallahassee, Florida 32314

so I'm re-sending the check for my Annual report/uniform