## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000119645

4/31

## FILED May 21, 2007 8:00 am Secretary of State 04-30-2007 90393 042 \*\*\*150.00

1. Entity Name C.L.A.S. INVESTMENT GROUP, INC.										
11531 NW 29TH PLACE			Mailing Address 11531 NW 29TH PLACE SUNRISE FL 33323			66016003				
2. Principal P	lace of Businoss - No P.O. Box #	3. Mailing Addross				"	rasers in settle Ente Sim es	144 G 2 ( 24 C C C C C C C C C C C C C C C C C C	Stan erseit :	mildt a ifti
Suito, Apt.	#, elc.	Suite, Apt. #, otc.				15	st MOORE	CR2E034 (1	0/06)	
City & State		City & State			4. FEI Number   Applied For   20 - 558/838   Not Applicable					
Zip	Country	Zip	7.,	Coun	ntry		e of Status Dosired		.75 Add	ditional
	6. Name and Address of Current	<u>l</u> l Register	ed Agent		T	7. Name an	d Address of New			
					Name					
PIERRE, FUNLOYD 11531 NW 29TH PLACE SUNRISE FL 33323			Stroot Address			(P.O. Box Number is Not Accoptable)				
					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	le
	named onlity submits this statement for	or the purp	ose of changing its	register	ed office or register	red agent, or be	oth, in the State of F		liar with,	and accept
the obligat	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name or registered argen	and tale 1 an	plicable (NOTE	Registero	ki Ageni signaliste requisid	when reinstaing)	······································	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of						9. Election Camp Trust Fund Co			00 May Be ad to Fees
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12. I hereby of indicated of the corrid change	certify that the information supplied with on this report or supplemental region or the receiver or trusted on d. or on an attachment with an addre	th this filin is true and powered t ss, with all	g does not qualify to accurate and that me execute this report other like empowers	or the expression as required.	comptions contained ture shall have the suired by Chapter 60	d in Soction 11 same legal effe 17, Florida Statu	19, Florida Statutes, ict as il made under utes; and that my na	I further certify to oath; that I am a me appears in 8	nat the in n officer lock 10 c	nformation or director or Block 11
SIGNAT	URE. Thunks	//	and							ļ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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