

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 23, 2008 8:00 am
Secretary of State

05-27-2008 90043 029 ***150.00

DOCUMENT # P07000007470 1. Entity Name KLASSIC REALTY, CORP.					
Principal Place of Business 4180 SW 152ND AVE MIRAMAR, FL 33027			Mailing Address 4180 SW 152ND AVE MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box # 12515 ORANGE BLVD		3. Mailing Address 12515 ORANGE BLVD			
Suite, Apt. #, etc. SUITE 802		Suite, Apt. #, etc. SUITE 802			
City & State DAVIE FL		City & State DAVIE FL		4. FEI Number 20-8258051	
Zip 33330		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMID, OMAR E 4180 SW 152ND AVE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name HAMID, OMAR E Street Address (P.O. Box Number is Not Acceptable) 12515 ORANGE BLVD SUITE 802 City DAVIE FL Zip Code 33330		
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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAMID, OMAR E 4180 SW 152ND AVE MIRAMAR, FL 33027	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMID, KHALID 4180 SW 152ND AVE MIRAMAR, FL 33027	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDST KHALID HAMID ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMID, CARLA M 4180 SW 152ND AVE MIRAMAR, FL 33027	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6-19-08 Daytime Phone # 954 382 3808		