

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035610

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** CLASSY RIDES OF FLORIDA, INC.

**Current Principal Place of Business:**

11084 VIA SORRENTO  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

11084 VIA SORRENTO  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 26-2389468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAMPBELL, JAMES E  
11084 VIA SORRENTO  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ISAACSON, STEVEN  
Address: 11084 VIA SORRENTO  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD  
Name: CAMPBELL, JAMES E  
Address: 11084 VIA SORRENTO  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD  
Name: WALLACH, LORNA  
Address: 11084 VIA SORRENTO  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD  
Name: CAMPBELL, KAREN S  
Address: 11084 VIA SORRENTO  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E. CAMPBELL

VP

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date