

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094969

FILED
Jun 30, 2009
Secretary of State

Entity Name: HIGH CLASS CLOTHES INC.,

Current Principal Place of Business:

5616 YOUNG S TOWN-WARREN RD
APT#A5
NILES, OH 44446

New Principal Place of Business:

Current Mailing Address:

1911 E FOLWER AVE.
SUITE#C
TAMPA, FL 33612

New Mailing Address:

FEI Number: 26-3579895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMAR, NAWAL
1911 E FOLWER
#C
TAMPA, FL 33612 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: ABDEL-LATIF, ASHRAF I
Address: 5616 YOUNG S TOWN-WARREN RD #B8
City-St-Zip: NILES, OH 44446

Title: VP/M () Delete
Name: GALAL, SILVYA S
Address: 5616 YOUNG S TOWN-WARREN RD #B8
City-St-Zip: NILES, OH 44446

Title: O/M () Delete
Name: EL-SHALABI, WALID
Address: 8088 FORSET LAKE DR. APT#14
City-St-Zip: BORDMEN, OH 44512

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ASHRAF

P

06/30/2009

Electronic Signature of Signing Officer or Director

Date