


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000008929 1. Entity Name CLASSIC IMPORTS, INC.	
---	---

Principal Place of Business 2307 DOUGLAS RD # 400 MIAMI, FL 33145 US	Mailing Address 2307 DOUGLAS RD # 400 MIAMI, FL 33145 US
---	---

DO NOT WRITE IN THIS SPACE



08252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0463561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SASSON, SAUL 20533 BISCAYNE BLVD # 4-1329 AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SASSON, SAUL 20533 BISCAYNE BLVD #4-1329 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000377341
08/29/05-80005-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sa C. Sason* 8/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #