2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020887

Entity Name: CLASS REALTY, INC

Address:

City-St-Zip:

7024-3RD, AVE

BROOKLYN, NY 11209

FILED Apr 22, 2008 Secretary of State

Littly Nai	ME. CLASS REALTT, INC.			
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
620 BYPAS CLEARWA	SS DR. ATER, FL 34624	620 BYPASS DR. CLEARWATER, FL 33764		
Current M	lailing Address:	New Mailing Address:		
620 BYPAS CLEARWA	SS DR. ATER, FL 34624	620 BYPASS DR. CLEARWATER, FL 33764		
FEI Number:	: 59-3230225 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of St	atus Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of New Registered	Name and Address of New Registered Agent:	
620 BYPAS CLEARWA	ATER, FL 34624 US	SPITHOYANIS, MICHAEL 620 BYPASS DR. CLEARWATER, FL 33764 US		
	named entity submits this statement for tle of Florida.	he purpose of changing its registered office or register	ed agent, or both,	
SIGNATUR	RE: MICHAEL SPITHOYANIS	04/22/20	008	
	Electronic Signature of Registered	Agent Date		
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SPITHOYANIS, MICHAEL 2135 MCKINLEY ST CLEARWATER, FL	Title: () Change () Additi Name: Address: City-St-Zip:	ion	
Title: Name: Address: City-St-Zip:	V () Delete SPITHOYANIS, COSTA 7024-3RD. AVE. BROOKLYN, NY 11209	Title: () Change () Additi Name: Address: City-St-Zip:	ion	
Title: Name:	V () Delete SPITHOYANIS, EUGENIA	Title: () Change () Additi	ion	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL SPITHOYANIS PRES 04/22/2008