



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 031 ***150.00

DOCUMENT # P95000044188 1. Entity Name CLASS II, INC.					
Principal Place of Business 1022 E. 27TH ST. HIALEAH, FL 33013			Mailing Address 1022 E. 27TH ST. HIALEAH, FL 33013		
2. Principal Place of Business ✓ 374 SW 186 WAY		3. Mailing Address ✓ 374 SW 186 WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006 Chg-P CR2E034 (11/05)	
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 65-0589148	
Zip 33029 Country US		Zip 33029 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANZER, MASOOD 15841 SW 56TH STREET SOUTHWEST RANCHES, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ✓ 374 SW 186 WAY City MIRAMAR FL Zip Code 33029		
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 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MANZER, MASOOD 15841 SW 56TH STREET SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASOOD MANZER ✓ 374 SW 186 WAY MIRAMAR FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AKBAR, JUNAID 15841 SW 56TH STREET SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUNAID AKBAR ✓ 374 SW 186 WAY MIRAMAR FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNAID, FOUZIA 15841 SW 56TH STREET SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUZIA JUNAID ✓ 374 SW 186 WAY MIRAMAR FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-20-06 Daytime Phone # _____		