## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 05, 2007 8:00 am **Secretary of State** DOCUMENT # P95000057312 02-05-2007 90090 039 \*\*\*150.00 CLASSIC AND MAJESTIC PROPERTIES, INC. Principal Place of Business Mailing Address 1055 NW 121ST LANE CORAL SPRINGS FL 33071 1055 NW 121ST LANE CORAL SPRINGS FL 33071 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0652599 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORETSKY, BEVERLY 1055 NW 121 LANE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 Zip Code City FI 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THE Delete THUE President, Vice President Secretary & Change ORETSKY, RICHARD S Beverly ORETSKY NAME NAME 1055 NW 121 LANE STREET ADDRESS STREET ADDRESS 1055 NW 121 LANGE CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY ST-ZIP CORAL SPRINGS FL 33071 TOM ☐ Change THE Defete Addition DHE ORETSKY, BEVERLY NAME NAME Jill Johns 1055 NW 121 LANE STREET ADDRESS STREET ADDRESS 2423 SE 13 ST CORAL SPRINGS FL 33071 CITY-S1-ZIP CITY - ST - ZIP PompANO BEACH FL 33062 THEF ☐ Defete TIFLE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-S1-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 tike empowered.

of SIGNING OFFICEROR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

FILED