
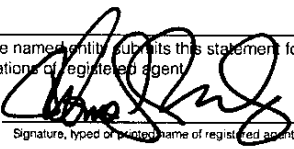
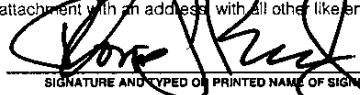


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90005 008 \*\*\*158.75

DOCUMENT # P95000083561			
1. Entity Name THOMAS PACCONI CLASSICS, INC.			
Principal Place of Business 751 PARK OF COMMERCE DR. SUITE 126F BOCA RATON, FL 33487 US		Mailing Address 751 PARK OF COMMERCE DR. SUITE 126F BOCA RATON, FL 33487 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ELLER, C.CRAIG 751 PARK OF COMMERCE DR. SUITE 126 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: <b>PACCONI, THOMAS J JR.</b> Street Address (P.O. Box Number is Not Acceptable): <b>751 PARK OF COMMERCE DR.</b> SUITE 126 City: <b>BOCA RATON</b> FL Zip Code: <b>33487</b>	
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: 		THOMAS J. PACCONI JR. 1/11/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACCONI, THOMAS SR.	NAME	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACCONI, THOMAS J JR.	NAME	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACCONI, THOMAS J. JR	NAME	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACCONI, THOMAS J. SR	NAME	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACCONI, THOMAS J SR	NAME	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACCONI, THOMAS J. SR	NAME	
STREET ADDRESS	1400 NORTHPOINT PKWY SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
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: 		THOMAS J. PACCONI JR. PRESIDENT	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

50002493



01112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0624381 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

1/11/05 561-886-1980