**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
DOCUMENT # P9600002892 1. Entity Name				Mar 10, 2004 08:00 AM Secretary of State	
CLASS E	NTERPRISES, INC.			<b>y</b>	
Principal Plac	ce of Business	Mailing Address			
2090 S. TAI OSPREY FL	MIAMI TRAIL . 34229	2090 S. TAMIAMI TRAII OSPREY FL 34229	L	** ************************************	
2. Principal Place of Business		3. Mailing Address	***************************************		
Suite, Apt #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 65-0677626 Applied For Not Applicable	
Zip	Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
DEI	AABOO OTEVEN		Name	•	
DEMARCO, STEVEN 2090 S. TAMIAMI TRAIL OSPREY FL 34229			Street Address	(PO Box Number is Not Acceptable)	
			City	<b>≡</b>	
8. The above named entity submits this statement for the purpose of changing its register				FL !	
the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its r	egistered office or registi	ered agent, or both, in the State of Florida. I am familiar with, and accept .	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	Registered Agent signature requir	ed which rounstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees	
10.	<del>,</del>	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	DEMARCO, STEVEN		NAME STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		City-st-ZiP		
TITLE	SD	☐ Defete	THILE	☐ Change ☐ Addition	
NAME	DEMARCO JR, LOU		NAME	U00000083035 03/10/04-80025-018 150.00	
STREET ADDRESS CITY-ST-ZIP	6101 34TH ST. WEST-12G BRADENTON FL		STREET ADDRESS CITY-ST-ZIP	U3/1U/U4-8UU25-U18 15U.UU	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	***************************************	<b>_</b>	\$1A43E	Composition of the control of the co	
STREET ADDRESS			STREET ADDRESS		
City-st-zip			CITY-ST-ZIP		
TITLE NAME		☐ Defete	ISTLE NAME	☐ Change ☐ ☐ Addition	
STREET ADDRESS			STREET ADDRESS	•	
CRY-ST-ZIP			CITY - ST - ZIP		
18715		☐ Delete	TATLE	Change Addition	
NAME			MAME		
STREET ADDRESS			STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP	PARAMETER   1		STREET ADDRESS CITY-ST-ZIP		
		☐ Defete	4	☐ Change ☐ Addition	
CITY-ST-ZIP THLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition	
CITY-ST-ZIP THLE NAME STREET ADDRESS		☐ Defete	CITY-ST-ZIP TITLE NAME STREET AGORESS	☐ Change ☐ Addition	
CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	lith this filling does not qualify for	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Packan 110 07/3V) Elevida Station I further earlier that the information	
CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co-	s on this report or supplemental report	ith this filing does not qualify for is true and accurate and that m powered to execute this report a	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in S y signature shall have the	Change Addition  Cection 119.07(3)(i), Florida Statutes, I further certify that the information is same legal effect as if made under oath, that I am an officer or directly. The first statutes, and that my name appears in Block 10 or Block 11 if	

Sylver J Arena de

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