## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000002836

Entity Name: CLASSIC LUXURY IMPORTS, INC.

HOLLER-ROGERS, JULIETTE E

1011 N. WYMORE ROAD

WINTER PARK, FL 32789

Name:

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1011 N. WYMORE ROAD WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** PO BOX 1720 WINTER PARK, FL 327901720 FEI Number: 59-3551309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANK A. HAMNER P.A. 1011 N. WYMORE ROAD US WINTER PARK, FL 32789 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPS ( ) Delete Title: () Change () Addition HOLLER, JULIETTE A Name: Name: 1011 N. WYMORE ROAD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: HOLLER III. ROGER W Name: 1011 N. WYMORE ROAD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ( ) Delete Title: Title: VD () Change () Addition HOLLER, CHRISTOPHER A Name: Name: 1011 N. WYMORE ROAD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: VTD ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHOLLER/CLB VP 04/29/2008