


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # S29934 1. Entity Name CLASSIC COLLECTIONS INC.	
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Principal Place of Business 206 MIRACLE MILE CORAL GABLES, FL 33134 US	Mailing Address 206 MIRACLE MILE CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0241885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANDAL, SANDRA Y
 206 MIRACLE MILE
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000068422
~~01/27/04-2004D-019 150.00~~

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANDAL, SANDRA Y. 206 MIRACLE MILE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANDAL, ROLANDO VICENTE 206 MIRACLE MILE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDAL, GIOVANNA MARIA 206 MIRACLE MILE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HANDAL, JAVIER ESTEBAN 206 MIRACLE MILE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Sandra Handal 2-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #