2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # S60370 1. Entity Name 03-09-2004 90011 018 ***158.75 CLASS TRANSPORTATION & TOURS, CORP. Principal Place of Business Mailing Address 7525 E TREASURE DRIVE 3E 7525 E TREASURE DRIVE 3E MIAMI FL 33141 MIAMI FL 33141 3. Mailing Address Principal Place of Business 16544 165445W9 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State 65-0270338 MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IGLESIAS, SONIA-M.---7525 TREASURE DRIVE 30E **MIAMI FL 33141** e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the 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, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PLESIDENT+SECRETAMY Addition TITLE Change TITLE 🔀 Delete ANTONIO FERNANDEZ IGLESIAS, SONIA M. NAME 16544 SW97 St 7525 TREASURE DR #30E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change | Addition Delete TITLE TITLE IGLESIAS, SONIA M. NAME STREET ADDRESS 7525 TREASURE DR #30E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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 exemption stated in Section 119 (3)(1). 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 local 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 in changed, or on an attachment with an address, with all other like empowered. da Statotes; and that my name appears in Block 10 or Block 11 if

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