


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90076 030 ***150.00

DOCUMENT # V57482 1. Entity Name PYRAMID CLASSICS, INC.					
Principal Place of Business 1735 SYCAMORE TERRACE WESTON, FL 33327				Mailing Address 1735 SYCAMORE TERRACE WESTON, FL 33327	
2. Principal Place of Business 1735 SYCAMORE TERRACE Suite, Apt. #, etc.		3. Mailing Address 1735 SYCAMORE TERRACE Suite, Apt. #, etc.			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 65-0421562 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33327 Country U.S.A.		Zip 33327 Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, CARMENCITA 1735 SYCAMORE TERRACE WESTON, FL 33327				7. Name and Address of New Registered Agent Name CARMENCITA MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1735 SYCAMORE TERRACE City WESTON FL Zip Code 33327	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JAIRO J. 655 OSWEGO DR. CAROL STREAM, IL 60188		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1735 SYCAMORE TERRACE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MARTINEZ, CARMENCITA 655 OSWEGO DR. CAROL STREAM, IL 60188		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1735 SYCAMORE TERRACE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-14-2006 (454) 888-9612 Date Daytime Phone #		