

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 13, 2005
Secretary of State**

DOCUMENT# 260237

Entity Name: DOSAL TOBACCO CORPORATION

Current Principal Place of Business:

4775 NW 132 STREET
BAY 2
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

100 SE 2ND ST
34TH FLOOR
MIAMI, FL 331312158

New Mailing Address:

FEI Number: 59-0979845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIPC CORPORATE REGISTERED AGENTS, INC
100 SE 2ND ST
34TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DOSAL, MARGARITA
Address: 4775 NW 132 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: DOSAL, GEORGE
Address: 4775 NW 132 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: BOLTON, BEATRIZ
Address: 4775 NW 132 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: DOSAL, MIRIAM
Address: 4775 NW 132 STREET
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARGARITA DOSAL

PSTD

10/13/2005

Electronic Signature of Signing Officer or Director

Date