

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90227 001 ***450.00

DOCUMENT # F04000004216
 1. Entity Name
 ALTADIS HOLDINGS U.S.A. INC.



Principal Place of Business: 5900 N ANDREWS AVE, FT LAUDERDALE, FL 33309
 Mailing Address: 5900 N ANDREWS AVE, FT LAUDERDALE, FL 33309

66004035



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2232665 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ELLIS, GARY
 5900 N ANDREWS AVE
 FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FOLTZ, THEO W STREET ADDRESS: 5900 N ANDREWS AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
TITLE: D NAME: ELLIS, GARY R STREET ADDRESS: 5900 N ANDREWS AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33309	
TITLE: SD NAME: SETRAKIAN, BERGE STREET ADDRESS: 5900 N ANDREWS AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33309	
TITLE: V NAME: CEDENO, JHONNY STREET ADDRESS: 5900 N ANDREWS AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33309	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date: 2-17-06 Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR