
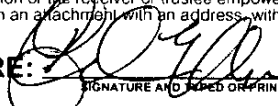


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 010 \*\*\*150.00

<b>DOCUMENT # F04000004216</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 52-2232665	
				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			7. Name and Address of New Registered Agent		
ELLIS, GARY 5900 N ANDREWS AVE FT LAUDERDALE, FL 33309			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLTZ, THEO W		NAME	FOLTZ, THEO W	
STREET ADDRESS	5900 N ANDREWS AVE		STREET ADDRESS	5900 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, GARY R		NAME		
STREET ADDRESS	5900 N ANDREWS AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETRAKIAN, BERGE		NAME		
STREET ADDRESS	5900 N ANDREWS AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dominquez, Fernando	
STREET ADDRESS			STREET ADDRESS	5900 N Andrews Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	FT. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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: 		GARY ELLIS		4/1/08 954-772-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	