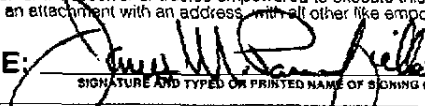


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003853		
1. Entity Name THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, INC.		
Principal Place of Business C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369		Mailing Address C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369
DO NOT WRITE IN THIS SPACE		
		 01192006 No Chg-NP CR2E037 (11/05)
4. FEI Number 65-0929260		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369		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 re-registering) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARGO, TOM 206 ASH COURT WEXFORD, PA 15090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, DANA 2670 TECUMSEH DRIVE WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLZ, THEO 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 333092369	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, GARY R 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 333092369	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARNOFIELLO, JAMES M 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 333092369	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLUCCI, JAMES L 10374 STONEBRIDGE BLVD. BOCA RATON, FL 334986407	
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 617, 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		Date 2-17-06 Usynote Phone # _____