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	Mailing Address
C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369	C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	WARGO, TOM
STREET ADDRESS	206 ASH COURT
CITY-ST-ZIP	WEXFORD, PA 15090
TITLE	D
NAME	QUIGLEY, DANA
STREET ADDRESS	2670 TECUMSEH DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	P
NAME	FOLZ, THEO
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092369
TITLE	S
NAME	ELLIS, GARY R
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092369
TITLE	T
NAME	PARNOFIELLO, JAMES M
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 333092369
TITLE	D
NAME	COLUCCI, JAMES L
STREET ADDRESS	10374 STONEBRIDGE BLVD.
CITY-ST-ZIP	BOCA RATON, FL 334966407

000000445164
03/07/06-80032-024 61.25

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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: _____ 2.17.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #