

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003853

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, INC.

Current Principal Place of Business:

C/O ALTADIS USA INC
5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 333092369

New Principal Place of Business:

Current Mailing Address:

C/O ALTADIS USA INC
5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 333092369

New Mailing Address:

FEI Number: 65-0929260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTADIS USA INC
5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 333092369 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: D () Delete
Name: WARGO, TOM
Address: 206 ASH COURT
City-St-Zip: WEXFORD, PA 15090

Title: D () Delete
Name: QUIGLEY, DANA
Address: 2670 TECUMSEH DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P () Delete
Name: FOLZ, THEO
Address: 5900 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 333092369

Title: S () Delete
Name: ELLIS, GARY R
Address: 5900 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 333092369

Title: T () Delete
Name: PARNOFIELLO, JAMES M
Address: 5900 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 333092369

Title: D () Delete
Name: COLUCCI, JAMES L
Address: 10374 STONEBRIDGE BLVD.
City-St-Zip: BOCA RATON, FL 334986407

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:

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. PARNOFIELLO

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date