

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003853

FILED  
Apr 09, 2012  
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: P  
Name: FREUDENTHAL, KEVIN  
Address: 5900 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, PA 33309

Title: VP  
Name: MCKENZIE, RICHARD  
Address: 5900 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

Title: SEC  
Name: ROSENFELD, JANELLE  
Address: 5900 NORTH ANDREWS AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 333092369

I hereby 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 all other like empowered.

SIGNATURE: KEVIN FRAUDENTHAL

P

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date