


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M15986			
1. Entity Name MIKE'S CIGARS DISTRIBUTORS, INC.			
Principal Place of Business 1030 KANE CONCOURSE BAY HARBOR FL 33154		Mailing Address 1030 KANE CONCOURSE BAY HARBOR FL 33154	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BORUCHIN, DIANA ESQ 1024 KANE CONCOURSE BAY HARBOUR FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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)	



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2536886** Applied For Not Applied For

5. Certificate of Status Desired \$8.75 Additional Fee Required

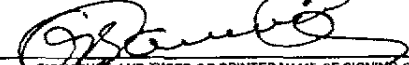
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BORUCHIN, OSCAR			NAME			
STREET ADDRESS	9999 COLLINS AVE., SUITE 6A			STREET ADDRESS			
CITY-ST-ZIP	BAL HARBOR FL 33154			CITY-ST-ZIP			
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02/16/07-80001-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **FEB-05-06** **305 866 2277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #