


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000014510 1. Entity Name CIGARS OF MIAMI, INC.	
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FILED

05 JUL 11 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

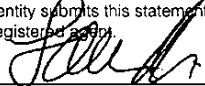
Principal Place of Business 7902 NW 36TH STREET SUITE 9 MIAMI, FL 33166	Mailing Address 7902 NW 36TH STREET SUITE 9 MIAMI, FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


 05252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ALONSO, PEDRO 7902 NW 36TH STREET SUITE 9 MIAMI, FL 33166	7. Name and Address of New Registered Agent Name Laurence I. Blair Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road One Boca Place, Suite 411E City Boca Raton FL Zip Code 33431
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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: **May 26, 2005**

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Delete ALONSO, PEDRO 7902 NW 36TH STREET, STE 9 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Armando O. Pozo, D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 S. University Drive, #501K Davie, Florida 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deisy B. Pozo, D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 S. University Drive, #501K Davie, Florida 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 300057665033 07/19/05--01043--018 **\$61.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

May 26, 2005 954-931-8879
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR