

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014510

FILED
Jan 19, 2006
Secretary of State

Entity Name: TROPICAL CIGARS OF DORAL, INC.

Current Principal Place of Business:

7902 NW 36TH STREET SUITE 9
MIAMI, FL 33166

New Principal Place of Business:

5400 S. UNIVERSITY DR.IVE, SUITE 501K
DAVIE, FL 33328

Current Mailing Address:

7902 NW 36TH STREET SUITE 9
MIAMI, FL 33166

New Mailing Address:

5400 S. UNIVERSITY DR.IVE, SUITE 501K
DAVIE, FL 33328

FEI Number: 36-4541723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I
2255 GLADES ROAD
ONE BOCA PLACE FTE 411E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BLAIR, LAURENCE I
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 US

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: LAURENCE I. BLAIR

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POZO, ARMANDO O
Address: 5400 S UNIVERSITY DR #501K
City-St-Zip: DAVIE, FL 33328

Title: PD () Delete
Name: POZO, DEISY B
Address: 5400 S UNIVERSITY DR #501K
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POZO, ARMANDO O
Address: 5400 S. UNIVERSITY DR.IVE, SUITE 501K
City-St-Zip: DAVIE, FL 33328

Title: SD (X) Change () Addition
Name: POZO, DEISY B
Address: 5400 S. UNIVERSITY DR.IVE, SUITE 501K
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO O. POZO

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date