

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 15, 2006  
Secretary of State**

DOCUMENT# P01000014510

Entity Name: TROPICAL CIGARS OF DORAL, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

12401 ORANGE DRIVE  
SUITE 124  
DAVIE, FL 33330

**Current Mailing Address:**

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

**New Mailing Address:**

12401 ORANGE DRIVE  
SUITE 124  
DAVIE, FL 33330

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  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 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: PD ( ) Delete  
Name: POZO, ARMANDO O  
Address: 5400 S. UNIVERSITY DR.IVE, SUITE 501K  
City-St-Zip: DAVIE, FL 33328

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: POZO, ARMANDO O  
Address: 12401 ORANGE DRIVE, SUITE 124  
City-St-Zip: DAVIE, FL 33330

Title: SD (X) Change ( ) Addition  
Name: POZO, DEISY B  
Address: 12401 ORANGE DRIVE, SUITE 124  
City-St-Zip: DAVIE, FL 33330

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

09/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date