2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047689

Entity Name: CONNSHADE CIGAR, CORP.

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13365 SW 135TH AVE. **UNIT # 106** MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13365 SW 135TH AVE. **UNIT # 106** MIAMI, FL 33186

FEI Number: 55-0799566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VILAR, PATRICK BAUR, THOMAS 999 PÓNCE DE LEON BLVD 100 N. BISCAYNE BLVD. PH1120 SUITE 2100 MIAMI, FL 33132 US CORAL GABLES, FL 33134 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: THOMAS BAUR

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

03/02/2007

Title: () Delete Title: (X) Change () Addition

VILLAMIL, ROLANDO BROCKHAUSEN, PIT N Name: Name: 13365 SW 135TH AVE UNIT # 106 13365 SW 135TH AVE UNIT # 106 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

() Delete Title: Title: VP/D (X) Change () Addition BROCKHAUSEN, PIT Name: Name: VILLAMIL. ROLANDO

13365 SW 135TH AVE. UNIT # 106 13365 SW 135TH AVE. UNIT # 106 Address: Address:

MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

Title: Title: STD

(X) Change () Addition () Delete SOTO, JUAN Name: SCHNEIDT, AXEL Name:

13365 SW 135TH AVE UNT # 106 13365 SW 135TH AVE UNT # 106 Address Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: () Change (X) Addition

BAUR, THOMAS Name: Name:

Address: Address: 100 N. BISCAYNE BLVD., SUITE 2100

City-St-Zip: City-St-Zip: MIAMI, FL 33132

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.

Ρ SIGNATURE: PIT N. BROCKHAUSEN 03/02/2007