

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047689

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CONNSHADE CIGAR, CORP.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

BAUR, THOMAS  
100 N. BISCAYNE BLVD.  
SUITE 2100  
MIAMI, FL 33132 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: BROCKHAUSEN, PIT N  
Address: 13365 SW 135TH AVE UNIT # 106  
City-St-Zip: MIAMI, FL 33186

Title: VP/D ( ) Delete  
Name: VILLAMIL, ROLANDO  
Address: 13365 SW 135TH AVE. UNIT # 106  
City-St-Zip: MIAMI, FL 33186

Title: ST ( ) Delete  
Name: HORSTMANN, DIRK  
Address: 13365 SW 135TH AVE UNT # 106  
City-St-Zip: MIAMI, FL 33186

Title: RA ( ) Delete  
Name: BAUR, THOMAS  
Address: 100 N. BISCAYNE BLVD., SUITE 2100  
City-St-Zip: MIAMI, FL 33132

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROLANDO VILLAMIL

VP/D

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date