


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P05000010873  
 1. Entity Name  
**FLORES CIGARS CORP.**



Principal Place of Business 139 NE 1 STREET MIAMI, FL 33132	Mailing Address 12744 SW 220 STREET MIAMI, FL 33170
---	---

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0533922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, JUAN CARLOS  
 2650 SW 114TH AVE  
 MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000782345  
 01/15/08-80095-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS AGUILAR, JUAN CARLOS 2650 SW 114TH AVE MIAMI, FL 331650000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, IDALMIS M 2650 SW 114 AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 01/08/08 DAYTIME PHONE # \_\_\_\_\_  
Signature and Title of Signing Officer or Director