

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043995

Entity Name: LOST CITY CIGARS, INC.

FILED  
Apr 20, 2010  
Secretary of State

**Current Principal Place of Business:**

460 S ROSEMARY AVE, STE 170E  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

460 S ROSEMARY AVE, STE 170E  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 27-0229801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTIN, STEFFANI T  
1704 17TH LANE  
LAKE WORTH, FL 33463 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  
Name: NISTAL, YOJANNY  
Address: 460 S ROSEMARY AVE, STE 170E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP  
Name: NISTAL, YADIRA  
Address: 460 S ROSEMARY AVE, STE 170E  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: YOJANNY NISTAL

P

04/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date