

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15986

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: MIKE'S CIGARS DISTRIBUTORS, INC.

## Current Principal Place of Business:

1030 KANE CONCOURSE  
BAY HARBOR, FL 33154

## New Principal Place of Business:

## Current Mailing Address:

1030 KANE CONCOURSE  
BAY HARBOR, FL 33154

## New Mailing Address:

FEI Number: 59-2536886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BORUCHIN, DIANA ESQ  
1024 KANE CONCOURSE  
BAY HARBOUR, FL 33154 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: PSD ( ) Delete  
Name: BORUCHIN, OSCAR,  
Address: 9999 COLLINS AVE., SUITE 6A  
City-St-Zip: BAL HARBOR, FL 33154

Title: TD ( ) Delete  
Name: BORUCHIN, ROSE,  
Address: 9999 COLLINS AVE., SUITE 6A  
City-St-Zip: BAL HARBOR, FL 33154

Title: CEO ( ) Delete  
Name: BEN-ARIE, ODED,  
Address: 130 BISCAY DRIVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: BORUCHIN, OSCAR  
Address: 9999 COLLINS AVE., SUITE 6A  
City-St-Zip: BAL HARBOR, FL 33154

Title: TD (X) Change ( ) Addition  
Name: BORUCHIN, ROSE  
Address: 9999 COLLINS AVE., SUITE 6A  
City-St-Zip: BAL HARBOR, FL 33154

Title: CEO (X) Change ( ) Addition  
Name: BEN-ARIE, ODED  
Address: 130 BISCAY DRIVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: SECR ( ) Change (X) Addition  
Name: BEN-ARIE, DIANA  
Address: 130 BISCAY DRIVE  
City-St-Zip: BAL HARBOUR, FL 33154

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: OSCAR BORUCHIN

PSD

01/14/2009

Electronic Signature of Signing Officer or Director

Date