

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058914

Entity Name: DON CRUZ CIGARS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

4405 SHERIDAN ST  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

4405 SHERIDAN ST  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 65-0847544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLAN, STEPHEN T  
DADELAND CENTER  
9155 SOUTH DADELAND BLVD. SUITE 112  
MIAMI, FL 33156 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: D ( ) Delete  
Name: MILLAN, CRUZ  
Address: 14100 APPALACHIAN TRL  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: MILLAN, LINDA A  
Address: 14100 APPALACHIAN TRL  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Delete  
Name: MILLAN, KEVIN J  
Address: 13701 CARLTON DRIVE  
City-St-Zip: DAVIE, FL 33330

Title: D ( ) Delete  
Name: MILLAN, STEPHEN T  
Address: 7685 SW 104TH ST., STE 200  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: MILLAN, JESSICA L  
Address: 14100 APPALACHIAN TRAIL  
City-St-Zip: DAVIE, FL 33325

## 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:

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: CRUZ MILLAN

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date