

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N17000010020

**Entity Name:** BOUTIQUE CIGAR ASSOCIATION OF AMERICA, LLC

**Current Principal Place of Business:**

18591 SOUTH DIXIE HIGHWAY  
1018  
CUTLER BAY, FL 33157

**Current Mailing Address:**

18591 SOUTH DIXIE HIGHWAY  
SUITE 1018  
CUTLER BAY, FL 33157 US

**FEI Number:** 36-5046377

**Certificate of Status Desired:** Yes

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

KAFIE, GABY DR.  
8334 SW 193RD STREET  
CUTLER BAY, FL 33157 US

*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:** GABY KAFIE

02/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           KAFIE, GABY DR.  
Address        8334 S.W. 193RD STREET  
City-State-Zip: CUTLER BAY FL 33157

Title            PRESIDENT  
Name           CAPRIELIAN, ARMEN  
Address        63-119 ALDERTON STREET  
City-State-Zip: REGO PARK NY 11374

Title            DIRECTOR  
Name           ROULEAU, ALAN  
Address        10 COMMERCIAL WHARF  
                    504  
City-State-Zip: BOSTON MA 02110

Title            VP  
Name           KING, M KENNETH  
Address        310 SUMMER VIEW DRIVE  
City-State-Zip: CINCINNATI OH 45255

Title            DIRECTOR  
Name           SHULTIS, PETE  
Address        154 RAILROAD DRIVE  
City-State-Zip: IVYLAND PA 18974

Title            SECRETARY  
Name           JORDAN, JOHN J III  
Address        324 SAULS RUN RD  
City-State-Zip: WESTON WV 26452

Title            DIRECTOR  
Name           BOULDOUKIAN, GARO DR.  
Address        3200 LA CRECENTA AVE  
                    A  
City-State-Zip: GLENDALE CA 91208

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. GABY KAFIE

**TREASURER**

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date