

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010020

Entity Name: BOUTIQUE CIGAR ASSOCIATION OF AMERICA, LLC**Current Principal Place of Business:**8334 SW 193RD STREET
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

01/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KAFIE, GABY DR.
Address 8334 SW 19RD STREET
City-State-Zip: CUTLER BAY FL 33157

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

Title DIRECTOR
Name ROULEAU, ALAN
Address 18591 SOUTH DIXIE HIGHWAY
 SUITE 1018
City-State-Zip: CUTLER BAY FL 33157

Title VP
Name KING, M KENNETH
Address 18591 SOUTH DIXIE HIGHWAY
 SUITE 1018
City-State-Zip: CUTLER BAY FL 33157

Title DIRECTOR
Name SHULTIS, PETE
Address 18591 SOUTH DIXIE HIGHWAY
 SUITE 1018
City-State-Zip: CUTLER BAY FL 33157

Title SECRETARY
Name JORDAN, JOHN J III
Address 18591 SOUTH DIXIE HIGHWAY
 SUITE 1018
City-State-Zip: CUTLER BAY FL 33157

Title DIRECTOR
Name BOULDOUKIAN, GARO DR.
Address 18591 SOUTH DIXIE HIGHWAY
 SUITE 1018
City-State-Zip: CUTLER BAY FL 33157

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**

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date