

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M15986

**Entity Name:** MIKE'S CIGARS DISTRIBUTORS, INC.

**Current Principal Place of Business:**

1030 KANE CONCOURSE  
BAY HARBOR, FL 33154

**Current Mailing Address:**

1030 KANE CONCOURSE  
BAY HARBOR, FL 33154

**FEI Number:** 59-2536886

**Certificate of Status Desired:** No

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

BORUCHIN, DIANA ESQ  
1030 KANE CONCOURSE  
2ND FLOOR  
BAY HARBOR, FL 33154 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | P/D                 | Title           | S/T/D               |
| Name            | BEN-ARIE, ODED      | Name            | BEN-ARIE, DIANA     |
| Address         | 130 BISCAY DRIVE    | Address         | 130 BISCAY DRIVE    |
| City-State-Zip: | BAL HARBOR FL 33154 | City-State-Zip: | BAL HARBOR FL 33154 |

*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:** DIANA BEN-ARIE

S/T/D

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date