

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043995

**Entity Name:** LOST CITY CIGARS, INC.

**Current Principal Place of Business:**

460 S ROSEMARY AVE, STE 170E  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

460 S ROSEMARY AVE, STE 170E  
WEST PALM BEACH, FL 33401 UN

**FEI Number:** 27-0229801

**Certificate of Status Desired:** No

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

NISTAL, YADIRA L  
460 S ROSEMARY AVE  
STE#170E  
WEST PALM BEACH, FL 33401 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  
Name NISTAL, YOJANNY  
Address 460 S ROSEMARY AVE, STE 170E  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** YOJANNY NISTAL

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date