

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 246709

1. Entity Name
CAMACHO CIGARS, INC.



Principal Place of Business

**4650 NW 74 AVE.
MIAMI, FL 33166**

Mailing Address

**4650 NW 74 AVE.
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0932578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CABRERA, CARIDAD
5820 S.W. 42ND TERRACE
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1000000414567

02/11/06-80043-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EIROA, CHRISTIAN
STREET ADDRESS	4650 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VD
NAME	EIROA, ENA K
STREET ADDRESS	4650 NW 74 AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	S
NAME	CABRERA, CARIDAD
STREET ADDRESS	5820 SW 42 TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christian Eiroa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/06 305 592 0702
Date Daytime Phone #