

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 246709

FILED
Apr 13, 2009
Secretary of State

Entity Name: CAMACHO CIGARS, INC.

Current Principal Place of Business:

4650 NW 74 AVE.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

4650 NW 74 AVE.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-0932578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EIROA, CHRISTIAN
Address: 4650 NW 74 AVE.
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: EIROA, ENA K
Address: 4650 NW 74 AVE.
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: CABRERA, CARIDAD
Address: 5820 SW 42 TERRACE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTIAN EIROA

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date