

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90042 042 ***150.00

DOCUMENT # 270089

1. Entity Name

GRADIAZ, ANNIS & CO., INC.



Principal Place of Business

C/O GENERAL CIGAR HOLDINGS INC
387 PARK AVE. SOUTH
NEW YORK NY 10016-5899
US

Mailing Address

C/O GENERAL CIGAR HOLDINGS INC
387 PARK AVE. SOUTH
NEW YORK NY 10016-5899
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

13-2569062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CULLMAN, EDGAR M. JR.
STREET ADDRESS 387 PARK AVE. SOUTH
CITY-ST-ZIP NEW YORK NY

TITLE SD ☒ Delete
NAME WOLLEN, A. ROSS
STREET ADDRESS 387 PARK AVE. SOUTH
CITY-ST-ZIP NEW YORK NY

TITLE VP ☐ Delete
NAME KRAJEWSKI, JANET A.
STREET ADDRESS 387 PARK AVENUE, SOUTH
CITY-ST-ZIP NEW YORK NY

TITLE T ☐ Delete
NAME LOFTUS, ROBERT
STREET ADDRESS 55 GRIFFIN RD S
CITY-ST-ZIP BLOOMFIELD CT 06002

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 387 PARK AVENUE SOUTH
CITY-ST-ZIP NEW YORK NY 10016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SIMEONIDIS, NICHOLAS
STREET ADDRESS 387 PARK AVENUE SOUTH
CITY-ST-ZIP NEW YORK NY 10016

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 (212) 418-3800