


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM.
Secretary of State

DOCUMENT # 270089 1. Entity Name GRADIAZ, ANNIS & CO., INC.	
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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
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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2569062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLMAN, EDGAR M. JR. 387 PARK AVE. SOUTH NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAJEWSKI, JANET A. 387 PARK AVENUE, SOUTH NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOFTUS, ROBERT 387 PARK AVE SOUTH NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMEON IDIS, NICHOLAS 387 PARK AVE SOUTH NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80065-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jack A. K... 4/25/05 (212) 448-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #