2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: MALKA

- Mitchell Kauffman

DOCUMENT # 279224 1. Entity Name KAUFFMAN CIGARETTE SERVICE, INC.						Jan 28, 2004 08:00 AM Pa Secretary of State			
	·····			Control of the contro		CXH			
Principal Plac	Mailing Address		;						
17170 N.W. 2ND COURT 17170 N.W. 2ND COURT MIAMI FL 33169 MIAMI FL 33169				,	· ·	COMMENTS COMMON COMMENTS CONCORD FROM IN THE RECENT METERS AND		commer on commen	
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				MOORE CR2E03	4 (11/03)		
City & Stat	· · · · · · · · · · · · · · · · · · ·	<u> </u>	City & State		4.	FEI Number 59-1037383	No	plied For t Applicable	
Ζιρ	Country Zip		Cour	Country		Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Curr	rent Registered Agent			7.	Name and Address of New Registered	Agent		
KAUFFMAN, MEIER H 1001 S. SHORE DRIVE MIAMI BEACH FL 33141				Name `					
				Street Address (P.O. Box Number is Not Acceptable)					
						F	Zip Code	9	
8. The above	int for the ournose of changi	na its realistes	City red office or feats	tered ar					
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 agont 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						Election Campalgn Financing Trust Fund Contribution.		O May Be I to Fees	
10. OFFICERS AND DIRECTORS					AI	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	SIN 11	
TITLE	PD	☐ Delete		Į	•	V000 000156 00	☐ Change	Addition	
NAME STREET ADDRESS CITY - ST- ZIP	KAUFFMAN,M H 1001 S SHORE DR MIAMI BEACH FL			ME EET ADDRESS (+ST-ZIP		01/28/04-80022-82	1 150.00		
TITLE	V	☐ Delete	T/II	£			☐ Change	Addition	
NAME STREET ADDRESS	KAUFFMAN,MITCHELL 1001 S SHORE DR		AAN at2	AE ELT ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		8	Y-SI-ZIP					
TITLE	STD	☐ Delete	BH	- 1			Change	Addition	
NAME STREET ADDRESS	KAUFFMAN, SYLVIA 1001 S. SHORE DR.		MAN Str	AE EET AODRESS					
CITY-ST-ZIP	MIAMI BEACH FL			Y+SY-ZIP					
TITLE		☐ Delete		1			☐ Change	☐ Addition	
NAME STREET ADDRESS			NA) STR	AE EET ADDRESS					
CITY-ST-ZIP			ศเว	Y-ST-ZIP					
TITLE NAME		☐ Delete	tot Nam	· I			☐ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE NAME		☐ Defete	IRT Man	1			Change	☐ Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				V-ST-ZIP					
12. I hereby indicated of the corchanged	certify that the information supplied on this report or supplemental rep- reporation or the receiver or trustee to or on an attachment with an addre	I with this filing does not qua ort is true and accurate and empowered to execute this r ess, with all other like empoy	lify for the exe that my signa eport as requ vered.	emption stated in ature shall have th ired by Chapter 6	Section ne same 507, Flor	n 119.07(3)(i), Fiorida Statutes, I further of a legal effect as if made under oath, that wida Statutes, and that my name appears	ertify that the in am an officer in Block 10 or	or director Block 11 if	

FILED

(305)6522840