

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90013 030 \*\*\*150.00

**DOCUMENT # 383974**

1. Entity Name  
PILOTO CIGARS, INC.



Principal Place of Business

1575 SW 1 STREET  
MIAMI, FL 33135

Mailing Address

1575 SW 1 STREET  
MIAMI, FL 33135

40026045



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1399281

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JORGE L. PADRON  
468 ROVINO AVE  
CORAL GABLES, FL 33156

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PADRON (JOSE O.)
STREET ADDRESS	1335 N VENETIAN WAY
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	S
NAME	PADRON (FLORINDA)
STREET ADDRESS	1335 N VENETIAN WAY
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	P
NAME	PADRON, JORGE L
STREET ADDRESS	468 ROVINO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	T
NAME	PADRON, ELIZABETH (PADRON)
STREET ADDRESS	2814 EMATHLA STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	V
NAME	PADRON, ORLANDO
STREET ADDRESS	7670 SW 129TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/07  
(305) 643-2117