


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # 383974 1. Entity Name PILOTO CIGARS, INC.	
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Principal Place of Business 1575 SW 1 STREET MIAMI, FL 33135	Mailing Address 1575 SW 1 STREET MIAMI, FL 33135
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01232008 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JORGE L. PADRON 468 ROVINO AVE CORAL GABLES, FL 33156
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**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD PADRON (JOSE O.) 1335 N VENETIAN WAY MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PADRON (FLORINDA) 1335 N VENETIAN WAY MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADRON, JORGE L 468 ROVINO AVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PADRON, ELIZABETH 2814 EMATHLA STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADRON, ORLANDO 7670 SW 129TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000819481
02/15/08-80085-008 150.00

**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 693, 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:  **ELIZABETH PADRON** **TREASURER** **2/4/08** **643-2117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #