

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-28-2007 90013 031 \*\*\*150.00

**DOCUMENT # 428427**  
 1. Entity Name  
 JOSE L. PIEDRA CIGARS, INC.



Principal Place of Business 1575 SW 1 STREET MIAMI, FL 33135	Mailing Address 1575 SW 1 STREET MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**

40026044



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2352356	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 PADRON, JORGE L  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P PADRON, JORGE L 468 ROVINO AVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADRON, ORLANDO 7670 SW 129TH STREET MIAMI, FL <del>33166</del> 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PADRON, ELIZABETH 2814 EMATHLA STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PADRON, FLORINDA 1335 N VENETIAN WAY MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Elizabeth Padron Treasurer 2/20/07 <sup>(309)</sup> 643-2117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #