


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90034 036 ***150.00

DOCUMENT # 522832
 1. Entity Name
MARIBEL CIGARS, INC.



Principal Place of Business Mailing Address
 1313 PONCE DE LEON BLVD #201 1313 PONCE DE LEON BLVD #201
 STE. 300 STE. 300
 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

94051615



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1754874 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTINEZ, BENITO P.
 3067 S.W. 18TH ST.
 MIAMI, FL 33125

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	MARTINEZ, BENITO	
STREET ADDRESS	3067 S.W. 18TH ST.	
CITY-ST-ZIP	MIAMI FL,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, MODESTO	
STREET ADDRESS	3065 S.W. 18TH ST.	
CITY-ST-ZIP	MIAMI FL,	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, MARILSA	
STREET ADDRESS	3065 S.W. 18TH ST.	
CITY-ST-ZIP	MIAMI FL,	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, MARIBEL	
STREET ADDRESS	3067 S.W. 18TH ST.	
CITY-ST-ZIP	MIAMI FL,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MARILSA GARCIA 4/5/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #