

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 676554**

1. Entity Name  
**CARIBE IMPORTED CIGARS, INC.**



Principal Place of Business  
**4650 NW 74 AVENUE  
MIAMI, FL 33166 US**

Mailing Address  
**4650 NW 74 AVENUE  
MIAMI, FL 33166 US**



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2009985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**EIORA, CHRISTIAN  
4650 NW 74 AVENUE  
MIAMI, FL 33166**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000414576

02/11/06-80043-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	CABRERA, CARIDAD
STREET ADDRESS	4650 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	VP
NAME	EIROA, ENA
STREET ADDRESS	4650 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	P
NAME	EIROA, CHRISTIAN
STREET ADDRESS	4650 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #