


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000001130

1. Entity Name
INTERNATIONAL TOBACCO PARTNERS, LTD., A CORPORATION



Principal Place of Business
**1010 NORTHERN BOULEVARD
 SUITE 418
 GREAT NECK, NY 11021**

Mailing Address
**1010 NORTHERN BOULEVARD
 SUITE 418
 GREAT NECK, NY 11021**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



05022007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3590129

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OLEARY, MIKE
 C/O GRIMES LOGISTICS LTD
 600 N ELLIS RD
 JACKSONVILLE, FL 32254**

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 *Michael O'Leary, President* DATE *4 May 2007*

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
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	UVEZIAN, JEFFREY A	
STREET ADDRESS	1010 NORTHERN BOULEVARD STE 418	
CITY-ST-ZIP	GREAT NECK, NY 11021	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MISSIRIAN, ROBERT	
STREET ADDRESS	1010 NORTHERN BOULEVARD STE 418	
CITY-ST-ZIP	GREAT NECK, NY 11021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

U00000764264
 05/30/07-80052-003 158.75

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: *Jeffrey A Uvezian* DATE: *5/1/07* DAYTIME PHONE: *516-466-0704*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #