

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21204

Entity Name: MOORE AND BODE CIGARS, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1336 SW 8TH STREET
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 14-1117
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODE, SHARON MOORE
11103 N.W. 7TH STREET
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S (X) Delete
Name: MOORE, JUNE B
Address: 16240 S.W. 280 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: VD () Delete
Name: BODE, ROBERTO E.,
Address: 11103 N.W. 7TH STREET
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: BODE, SHARON MOORE
Address: 11103 NORTHWEST 7TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD S (X) Change () Addition
Name: BODE, ROBERTO E.,
Address: 11103 N.W. 7TH STREET
City-St-Zip: MIAMI, FL 33172

Title: PD (X) Change () Addition
Name: BODE, SHARON MOORE
Address: 11103 NORTHWEST 7TH STREET
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON M. BODE

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date