

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113228

Entity Name: HANDROLLER CIGAR, LLC

FILED
May 30, 2006
Secretary of State

Current Principal Place of Business:

331 NW 136 AVENUE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

331 NW 136 AVENUE
MIAMI, FL 33182

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUEVAS, LUIS J
331 NW 136 AVENUE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

CUEVAS, DENISE J
331 NW 136 AVENUE
MIAMI, FL 33182 US

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: DENISE J CUEVAS

05/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUEVAS, LUIS
Address: 331 NW 136 AVENUE
City-St-Zip: MIAMI, FL 33182

Title: MGR () Delete
Name: DIAZ, JOSE A
Address: 331 NW 136 AVENUE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUEVAS, LUIS I
Address: 331 NW 136 AVENUE
City-St-Zip: MIAMI, FL 33182

Title: MGR (X) Change () Addition
Name: CUEVAS, LUIS J
Address: 331 NW 136 AVENUE
City-St-Zip: MIAMI, FL 33182

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENISE CUEVAS

MGR

05/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date