

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 038 ***138.75

DOCUMENT # L07000027723

1. Entity Name:
DOMINICAN TOBACCO PRODUCTS LLC



00000000



Principal Place of Business
**5050 NW 7TH ST
802
MIAMI, FL 33126**

Mailing Address
**5050 NW 7TH ST
802
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #
6405 NW 36 Street

3. Mailing Address
6405 NW 36 Street

Suite, Apt. #, etc.
Suite 135

Suite, Apt. #, etc.
Suite 135

City & State
Miami, FL

City & State
Miami, FL

04282008 Chg-LLC CR2E083 (12/06)

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
20-0629999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUSTRATI, JUANA A
5050 NW 7TH ST
802
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
Miguel Estrella

Street Address (P.O. Box Number is Not Acceptable)
6405 NW 36 Street

Suite 135

City **Miami** **FL** Zip Code **33166**

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 re-registering)

04/29/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ESTRELLA, REMBERTO A**
STREET ADDRESS **6405 NW 36TH STREET, SUITE 207**
CITY-ST-ZIP **VIRGINIA GARDENS, FL 33166**

TITLE **MGRM** ☐ Delete
NAME **LUSTRATI, JUANA**
STREET ADDRESS **6405 NW 36TH STREET, SUITE 207**
CITY-ST-ZIP **VIRGINIA GARDENS, FL 33166**

TITLE **MGRM** ☐ Delete
NAME **ESTRELLA, MYRNA**
STREET ADDRESS **6405 NW 36TH STREET, SUITE 207**
CITY-ST-ZIP **VIRGINIA GARDENS, FL 33166**

TITLE **MGRM** ☐ Delete
NAME **ESTRELLA, ROBERTO**
STREET ADDRESS **6405 NW 36TH STREET, SUITE 207**
CITY-ST-ZIP **VIRGINIA GARDENS, FL 33166**

TITLE **MGRM** ☐ Delete
NAME **JIMENEZ, ADALGISA**
STREET ADDRESS **6405 NW 36TH STREET, SUITE 207**
CITY-ST-ZIP **VIRGINIA GARDENS, FL 33166**

TITLE **MGRM** ☐ Delete
NAME **ESTRELLA, MIGUEL**
STREET ADDRESS **6405 NW 36TH STREET, SUITE 207**
CITY-ST-ZIP **VIRGINIA GARDENS, FL 33166**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/29/08

Date

305-526-1011

Daytime Phone #