

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100530

FILED
May 01, 2009
Secretary of State

Entity Name: LA CARIDAD DEL COBRE CIGARS, LLC

Current Principal Place of Business:

16114 N.W. 64TH AVENUE, #320
MIAMI LAKES, FL 33014

New Principal Place of Business:

1551 MURCIA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

16114 N.W. 64TH AVENUE, #320
MIAMI LAKES, FL 33014

New Mailing Address:

1551 MURCIA AVENUE
CORAL GABLES, FL 33134

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:

SARDINA, GUSTAVO
16114 N.W. 64TH AVENUE, #320
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

SARDINA, GUSTAVO
1551 MURCIA AVENUE
CORAL GABLES, FL 33134 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: GUSTAVO SARDINA

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SARDINA, GUSTAVO
Address: 16114 N.W. 64TH AVENUE, #320
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: HERRERA, FRANK
Address: 9 NORTH BIRCH ROAD, #102
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARDINA, GUSTAVO
Address: 1551 MURCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change () Addition
Name: HERRERA, FRANK
Address: 401 EAST LAS OLAS BOULEVARD, #1650
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify 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: GUSTAVO SARDINA

MGR

05/01/2009

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