


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L41119 1. Entity Name MIAMI CIGAR AND COMPANY			
Principal Place of Business 2533 NW 74 AVENUE MIAMI, FL 33122 US		Mailing Address 2533 NW 74 AVENUE MIAMI, FL 33122 US	
DO NOT WRITE IN THIS SPACE			
		02012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0169907	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, MARIANA 2533 NW 74 AVENUE MIAMI, FL 33122		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	MIRANDA, MARIANA E		
STREET ADDRESS	134085 SW 59 AVE		
CITY - ST - ZIP	MIAMI, FL		
TITLE	SD		
NAME	MIRANDA, DANIEL		
STREET ADDRESS	13408 SW 59 AVE		
CITY - ST - ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <i>Mariana E. Miranda</i>		Date: <i>4-24-06</i> Daytime Phone #: <i>305-599-3395</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	