


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

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| DOCUMENT # L41119 |  |
| 1. Entity Name MIAMI CIGAR AND COMPANY | |

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| Principal Place of Business 2533 NW 74 AVENUE MIAMI, FL 33122 US | Mailing Address 2533 NW 74 AVENUE MIAMI, FL 33122 US |
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0169907 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MIRANDA, MARIANA 2533 NW 74 AVENUE MIAMI, FL 33122 |
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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.

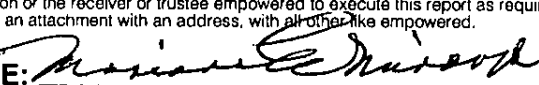
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000894820 04/24/08-80043-007 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MIRANDA, MARIANA E 134085 SW 59 AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MIRANDA, DANIEL 13408 SW 59 AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **Mariana E. Miranda** **04-09-08 305-599-3395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #