


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000006172 1. Entity Name AMERICAN THRUST TOBACCO, L.L.C.	
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Principal Place of Business 2 CHAMPLAIN ST. ROUSES POINT, NY 12973-1503	Mailing Address 2 CHAMPLAIN ST. ROUSES POINT, NY 12973-1503
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**DO NOT WRITE IN THIS SPACE**



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2218252	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PLOUCH, L.M.  
% ATKINSON, DINER, STONE, MANKUTA & PLOUCHA PA  
1946 TYLER STREET  
HOLLYWOOD, FL 33020-4517

**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: Raymond Funk DATE: 10 JAN 05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

400000182156  
01/19/05-80016-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMUK, RAYMOND 65 BRUNSWICK SUITE 115, QUEBEC, H9B 2N4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 9065-2314 QUEBEC INC 65 BRUNSWICK SUITE 115, QUEBEC, H9B 2N4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Raymond Funk DATE: 10 JAN 05 (518) 297-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #