


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|   |   |
|---|---|
| <b>DOCUMENT # L99000006172</b><br>1. Entity Name<br>AMERICAN THRUST TOBACCO, L.L.C. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2 CHAMPLAIN ST.<br>ROUSES POINT, NY 12973-1503 | Mailing Address<br>2 CHAMPLAIN ST.<br>ROUSES POINT, NY 12973-1503 |
|---|---|

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01102005No Chg-LLC CR2E083 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>52-2218252  | Applied For<br>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

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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 Fink 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**

000000182156  
01/19/05-80016-008 55.00

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SMUK, RAYMOND<br>65 BRUNSWICK SUITE 115,<br>QUEBEC, H9B 2N4        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>9065-2314 QUEBEC INC<br>65 BRUNSWICK SUITE 115,<br>QUEBEC, H9B 2N4 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Fink DATE 10 JAN 05 (518) 297-6666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE