


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 035 ****50.00

DOCUMENT # L99000006172

1. Entity Name
AMERICAN THRUST TOBACCO, L.L.C.



Principal Place of Business
**2 CHAMPLAIN ST.
 ROUSES POINT, NY 12973-1503**

Mailing Address
**2 CHAMPLAIN ST.
 ROUSES POINT, NY 12973-1503**

20014866



2. Principal Place of Business
33 WEST SERVICE ROAD

3. Mailing Address
PO BOX 3355

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

02242006 Chg-LLC CR2E083 (11/05)

City & State
CHAMPLAIN NY

City & State
CHAMPLAIN NY

4. FEI Number
52-2218252

Applied For
 Not Applicable

Zip
12919

Country
USA

Zip
12919

Country
USA

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Smuk DATE

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, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMUK, RAYMOND 65 BRUNSWICK SUITE 115, QUEBEC, H9B 2N4	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 9065-2314 QUEBEC INC 65 BRUNSWICK SUITE 115, QUEBEC, H9B 2N4	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**NOTE
 ADDRESS CHANGE**

Raymond

11. 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 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 Smuk Date 06 MAR 06 Daytime Phone # 518 298-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE