

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000006172

1. Entity Name

AMERICAN THRUST TOBACCO, L.L.C.



Principal Place of Business

**33 W SERVICE RD
STE 200
CHAMPLAIN NY 12919
US**

Mailing Address

**33 W SERVICE RD
STE 200
CHAMPLAIN NY 12919
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2218252

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** Delete
NAME: **SMUK, RAYMOND**
STREET ADDRESS: **65 BRUNSWICK SUITE 115,**
CITY-ST-ZIP: **QUEBEC H9B -2N4**

Change Addition
U00000634618
02/22/07-80019-001 55.00

TITLE: **MGRM** Delete
NAME: **9065-2314 QUEBEC INC**
STREET ADDRESS: **65 BRUNSWICK SUITE 115,**
CITY-ST-ZIP: **QUEBEC H9B -2N4**

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

6 FEB 2007 (518) 298-5666

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

Date

Daytime Phone #

