

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# N01000003834

Entity Name: CIGAR FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

2701 16TH STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2030  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 59-3735324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOGGS, E. JACKSON  
501 EAST KENNEDY BLVD SUITE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEWMAN, ERIC M  
Address: 2701 16TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: NEWMAN, ROBERT C  
Address: 2701 16TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: FUENTE, CARLOS SR  
Address: 2701 16TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: FUENTE, CARLOS JR  
Address: 2701 16TH STREET  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC M NEWMAN

D

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date