FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 12 AM 11:51

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07/18/06--01032--007 **300.00

REINSTATEMENT 05-06
DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000017653

1. Entity Name
H + L Tobacco, Corp.

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2. Principal Place of Business		3. Mailing Address	
1912 NW 79 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State	
Zip: 33126	Country	Zip	Country

4. FEI Number: 650986288 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Valdes, Hugo

Street Address (P.O. Box Number is Not Acceptable): 1912 NW 79 Ave

City: Miami FL Zip Code: 33126

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Valdes, Hugo
STREET ADDRESS	1912 NW 79 Ave
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	Lidia Valdes
STREET ADDRESS	1912 NW 79 Ave
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **H & L TOBACCO, CORP.**

Thank you for your courtesy in this matter.

HUGO VALDES
PRESIDENT