2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State 05-02-2005 90414 018 ***150.00 **DOCUMENT # P00000046432** 1. Entity Name A & P SMOKE STANDS, INC. 140720 Principal Place of Business Mailing Address 12801 W SUNRISE BLVD 20300 WEST COUNTRY CLUB DR. SUNRISE, FL 33323 PH 22 AVENTURA, FL 33180 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1049966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NADLER, ALON DO NOT WRITE 20300 WEST COUNTRY CLUB DR. PH22 AVENTURA, FL 33180 IN THIS SPACE 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. AGENT 4/21/05 (NOTE: Redistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NADLER, ALON 20300 W. COUNTRY CLUB DR. PH22 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP . NAME STREET ADORESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED