

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058741

FILED
Jan 19, 2006
Secretary of State

Entity Name: TROPICAL CIGARS AT BEACH PLACE, INC.

Current Principal Place of Business:

5400 S. UNIVERSITY DR., STE 501K
DAVIE, FL 33328

New Principal Place of Business:

5400 S. UNIVERSITY DR.IVE, SUITE 501K
DAVIE, FL 33328

Current Mailing Address:

5400 S. UNIVERSITY DR., STE 501K
DAVIE, FL 33328

New Mailing Address:

5400 S. UNIVERSITY DR.IVE, SUITE 501K
DAVIE, FL 33328

FEI Number: 65-1020284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BLAIR, LAURENCE I
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 US

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: LAURENCE I. BLAIR

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: POZO, ARMANDO
Address: 5400 S. UNIVERITY DRIVE, STE. 501K
City-St-Zip: DAVIE, FL 33328

Title: DVP () Delete
Name: POZO, DEISY B
Address: 5400 S. UNIVERITY DRIVE, STE. 501K
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: POZO, ARMANDO O
Address: 5400 S. UNIVERSITY DR.IVE, SUITE 501K
City-St-Zip: DAVIE, FL 33328

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO O. POZO

DPS

01/19/2006

Electronic Signature of Signing Officer or Director

Date