



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000073219</b> 1. Entity Name <b>CIGAR PLUS ENTERPRISE, INC.</b>	
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Principal Place of Business <b>4995 NW 79TH AVE STE 112 MIAMI, FL 33166</b>	Mailing Address <b>4716 NW 114 AVENUE #103 MIAMI, FL 33178</b>
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07192004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-1029570</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KOSS, A. 782 NW 42ND AVENUE #448 MIAMI, FL 33126</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BETANCOURT, ROGERS JOSE 4718 NW 114 AVENUE #103 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OROPEZA, GLADYS T 4716 NW 114 AVENUE #103 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PACHECO, JULIO C 12209 SW 14 LANE #1108 MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000167854 07/22/04-80012-015 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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:  **ROGERS BETANCOURT** **7/19/04** **705 692-2227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone