

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112952

Entity Name: CIGARETTES MART, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

2319 WEST 52ND ST  
HIALEAH, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

2319 WEST 52ND ST  
HIALEAH, FL 33016

## New Mailing Address:

FEI Number: 65-1060022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAHAL, AHMAD  
975 CARRIAGE HILL RD  
MELBOURNE, FL 32940 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAHAL, AHMAD D  
Address: 975 CARRIAGE HILL RD  
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Delete  
Name: ALIM, RAHAL  
Address: 2319 WEST 52ND ST.  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ALI, RAHAL  
Address: 2319 WEST 52ND ST.  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALI RAHAL

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date