

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000014510

1. Entity Name
CIGARS OF MIAMI, INC.



FILED
05 JUL 11 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7902 NW 36TH STREET SUITE 9
MIAMI, FL 33166

Mailing Address
7902 NW 36TH STREET SUITE 9
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252005

Chg-P

CR2E034 (10/03)

4. FEI Number
36-4541723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, PEDRO
7902 NW 36TH STREET SUITE 9
MIAMI, FL 33166

Name Laurence I. Blair

Street Address (P.O. Box Number is Not Acceptable)

2255 Glades Road

One Boca Place, Suite 411E

City Boca Raton

FL

Zip Code 33431

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)

May 26, 2005

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME ALONSO, PEDRO
STREET ADDRESS 7902 NW 36TH STREET, STE 9
CITY-ST-ZIP MIAMI, FL 33166 ☒ Delete

TITLE Armando O. Pozo, D/P
NAME 5400 S. University Drive, #501K
STREET ADDRESS Davie, Florida 33328
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Deisy B. Pozo, D/S
NAME 5400 S. University Drive, #501K
STREET ADDRESS Davie, Florida 33328
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 26, 2005

Date

954-931-8879

Daytime Phone #