

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014510

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** TROPICAL CIGARS OF DORAL, INC.

**Current Principal Place of Business:**

7902 NW 36TH STREET SUITE 9  
MIAMI, FL 33166

**New Principal Place of Business:**

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

**Current Mailing Address:**

7902 NW 36TH STREET SUITE 9  
MIAMI, FL 33166

**New Mailing Address:**

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

**FEI Number:** 36-4541723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAIR, LAURENCE I  
2255 GLADES ROAD  
ONE BOCA PLACE FTE 411E  
BOCA RATON, FL 33431 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:** PD ( ) Delete  
**Name:** POZO, ARMANDO O  
**Address:** 5400 S UNIVERSITY DR #501K  
**City-St-Zip:** DAVIE, FL 33328

**Title:** PD ( ) Delete  
**Name:** POZO, DEISY B  
**Address:** 5400 S UNIVERSITY DR #501K  
**City-St-Zip:** DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

**Title:** SD (X) Change ( ) Addition  
**Name:** POZO, DEISY B  
**Address:** 5400 S. UNIVERSITY DR.IVE, SUITE 501K  
**City-St-Zip:** DAVIE, FL 33328

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

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date