


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000028017 1. Entity Name NUMERO UNO TOBACCO COMPANY	
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Principal Place of Business DAN T CIGAR 4205 FAIRWAY RUN TAMPA, FL 33624	Mailing Address 4205 FAIRWAY RUN TAMPA, FL 33624
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07232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3480979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TRAFFICANTE, MARISA 4205 FAIRWAY RUN TAMPA, FL 33624
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000168121
08/02/04-80011-002 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAF FICANTE, MARISA 13014 N DALE MABRY HWY, #337 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000168121
08/02/04-80011-003 8.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Marisa Trafficante* 7/28/04 813-969428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #