

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 015 ***150.00

DOCUMENT # P01000050343

1. Entity Name

MYA HANDMADE CIGARS INCORPORATED



Principal Place of Business

1041 OKEECHOBEE RD
WEST PALM BEACH FL 33401

Mailing Address

1041 OKEECHOBEE RD
WEST PALM BEACH FL 33401



2. Principal Place of Business - No P.O. Box #

927 Belvedere Road
Suite, Apt. #, etc.

3. Mailing Address

927 Belvedere Road
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

West Palm Beach, FL

Zip 33405
Country Palm Beach

City & State

West Palm Beach, FL

Zip 33405
Country Palm Beach

4. FEI Number

65-1103547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, IRIS
1923 LAUREL LANE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RODRIGUEZ, IRIS
STREET ADDRESS 1923 LAUREL LANE
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE V
NAME PEREZ, ENA R
STREET ADDRESS 1812 LAUREL LANE
CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 ☐ Delete

TITLE T
NAME DIAZ, BARBARA
STREET ADDRESS 3197 WHISPER LAKE LANE
CITY-ST-ZIP ORLANDO FL 32792 ☐ Delete

TITLE S
NAME RODRIGUEZ, GEORGE L
STREET ADDRESS 1201 WILLOW ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemptions contained in Section 119, 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:

Iris Rodriguez IRIS RODRIGUEZ 3-3-08 (561) 309-6839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #