

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070878

FILED
Apr 02, 2009
Secretary of State

Entity Name: CIGARS & CIGAR TUBES ONLY, INC.

Current Principal Place of Business:

15841 PINES BLVD # 323
PEMBROKE PINES, FL 33027

New Principal Place of Business:

16132 NW 14 COURT
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

16132 NW 14 COURT
180
PEMBROKE PINES, FL 33025

New Mailing Address:

16132 NW 14 COURT
PEMBROKE PINES, FL 33028 US

FEI Number: 59-3730562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, ROSA E
16132 NW 14 COURT
PEMBROKE PINES, FL 33028 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: LEON, ROSA E
Address: 16132 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: LEON, ALFREDO T
Address: 16132 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify 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: /ROSA E. LEON/

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date