

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084184

FILED
Jan 04, 2005
Secretary of State

Entity Name: DE LOS REYES CIGARS, INC.

Current Principal Place of Business:

10813 NW 29TH STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10813 NW 29TH STREET
MIAMI, FL 33172

New Mailing Address:

FEI Number: 46-0489990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA CRUZ, CARLOS
10813 NW 29TH STREET
MIAMI, FL 33172 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: REYES, AUGUSTO A
Address: 10973 NW 59TH STREET
City-St-Zip: MIAMI, FL 33178

Title: VP () Delete
Name: DA CRUZ, CARLOS
Address: 7126 NW 112 COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REYES, AUGUSTO A
Address: 10813 NW 29TH STREET
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Change () Addition
Name: DA CRUZ, CARLOS
Address: 10813 NW 29TH STREET
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS DA CRUZ

VP

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date