2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM DOCUMENT # P01000101940 Secretary of State 1. Entity Name VILAR CIGAR, INC. Principal Place of Business -Mailing Address 305 ALCAZAR 305 ALCAZAR CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business ____ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1154985 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILAR, HENRY J Street Address (P.O. Box Number is Not Acceptable) 305 ALCAZAR CORAL GABLES FL 33134 City 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 lamiliar 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Delete ☐ Addition VILAR, HENRY J NAME 305 ALCAZAR STREET ADDRESS STREET ADDRECS City-St-7P CORAL GABLES FL 33134 CITY - ST- ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition (100000194090 □ Change □ 1)1/25/05-80085-017 150.00 VILAR, ENRIQUE NAME MAME STREET ADDRESS 305 ALCAZAR STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY ST-ZIP Delete THE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP THILE ☐ Delete THE Addition Change NAME STREET ADDRESS STREET ADDRESS City-St-7IP CHTY-ST-ZIP ☐ Delete TIFLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OILE ☐ Delete IdtE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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 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

FFICER OR DIRECTOR

SIGNATURE