FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90163 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

100040030

DOCUMENT # P02000003146

1. Entity Name
CUBAN TRADITIONS TOBACCOS CORP.

Principal Place of Business	Mailing Address
2227 SKYLINE BLVD CAPE CORAL, FL 33991	2227 SKYLINE BLVD CAPE CORAL, FL 33991

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7904 W Dr # 207	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Bay Village FL	City & State
Zip: 33141 Country: USA	Zip Country

4. FEI Number: 01-0568673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERDOMO, MABEL 2227 SKYLINE BLVD CAPE CORAL, FL 33991	Name: LUCIA Rodriguez Street Address (P.O. Box Number is NOT Acceptable): 7904 W Dr # 207 City: North Bay Village FL Zip Code: 33141

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] DATE: 4/19/03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERDOMO, MABEL 2227 SKYLINE BLVD CAPE CORAL, FL 33991	☑ Delete	LUCIA Rodriguez 7904 W Dr # 207 North Bay Village FL 33141	☐ Change ☐ Addition
		☐ Delete	VP Luis Rodriguez 7904 W Dr # 207 North Bay Village FL 33141	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: [signature] 4/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #