1092

APPROVED AND FILED

06 MAR 31 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010671

1. Entity Name

3 STAR TOBACCO, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-06 ASC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4830 NW 169TA ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State
Zip: 33055 Country: USA	Zip Country

4. FEI Number: 800003515 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ROSANNA C. HERNANDEZ

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

4830 NW 169TA ST.

City: Miami FL Zip Code: 33055

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] 200069962172 04/10/06--01064--009 **450.00

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when administratively) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	FRANCISCO CASANOVA
STREET ADDRESS	4830 NW 169TH ST.
CITY-ST-ZIP	Miami FL 33055
TITLE	VD
NAME	JOSE L. HERNANDEZ
STREET ADDRESS	3051 NW 30TH ST.
CITY-ST-ZIP	Miami FL 33142
TITLE	SD
NAME	ROSANNA C. HERNANDEZ
STREET ADDRESS	4830 NW 169TH ST.
CITY-ST-ZIP	Miami FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E048 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **3 STAR TOBACCO, INC.**

Thank you for your courtesy in this matter.

ROSANNA C. HERNANDEZ
SECRETARY