2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000016473

City-St-Zip:

PEMBROKE PINES, FL 33026

FILED Dec 19, 2006 Secretary of State

Entity Name: HABANA CUBA CIGAR COMPANY					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15348 NW MIAMI LAKI	79TH CT ES, FL 33016		5951 NW 173TH DRIV SUITE 8 MIAMI, FL 33015	Æ	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
15348 NW PMB #182 MIAMI LAKI	79TH CT ES, FL 33016		5951 NW 173TH DRIV SUITE 8 MIAMI, FL 33015	Έ	
FEI Number:	47-0848404	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
NODAL, RAFAEL 8275 N W 158TH TERRACE MIAMI LAKES, FL 33026 US			NODAL, RAFAEL 5951 NW 173TH DRIV SUITE 5 MIAMI, FL 33015 US	5951 NŴ 173TH DRIVE SUITE 5	
The above in the State		bmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: RAFAEL NODAL				12/19/2006	
	Electronic	Signature of Registered Agen	t	Date	
		2)(b), F.S., the corporation did not i	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D NODAL, RAFAEL 8275 N W 154TH MIAMI LAKES, FL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D NODAL, ALINA 8275 N W 154TH MIAMI LAKES, FL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () D BISCHOFF, HENE 1170 HIATUS RO	RY J	Title: Name: Address:	() Change () Addition	

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

City-St-Zip:

SIGNATURE: RAFAEL NODAL PD 12/19/2006