

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 006 ***150.00

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| DOCUMENT # P02000029481 | | | | | |
| 1. Entity Name SANDRA CIGAR CORPORATION | | | | | |
| Principal Place of Business 5101 COLLIN AVE APT 6K MIAMI BEACH, FL 33140 | | | Mailing Address 3340 NE 190 ST # 706 MIAMI, FL 33180 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 6365 Collins Ave # 3309 | | | 3. Mailing Address Suite, Apt. #, etc. City & State Miami Beach, FL | | |
| City & State Miami Beach, FL | | | City & State City Zip 33141 | | |
| Zip 33141 | | | Country Country | | |
| 4. FEI Number 02-0565797 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent AGUIRRE, SANDRA P 5101 COLLIN AVE APT 6K MIAMI BEACH, FL 33140 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P AGUIRRE, SANDRA P 6365 COLLINS AVE, STE 3309 MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>XCS - [Signature]</u> 4/3/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |