2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000038420

Entity Name
 CIGARGOLD, INC.

Principal Place of Business Mailin

7601 NW 68TH STREET

SUITE 128 MIAMI, FL 33166 Mailing Address

7601 NW 68TH STREET SUITE 128 MIAMI, FL 33166

FILED Mar 29, 2004 08:00 AM Secretary of State



03112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 61-1409483

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ADOLFO E 13501 SW 128TH STREET SUITE 208 MIAMI, FL 33186

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			i		
8. The above the obligat	named entity submits this statement for the plans of registered agent	ourpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with land accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	f applicable (NOTE Fleg	stereo Agent signatur	required when reinstating)	DATE
	E-NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees	U00000097765 - 03/29/04-20014-005-150.0 0
10. OFFICERS AND DIRECT		CTORS			- vaxzaxu4-89914-005-150,0 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBELLA, STEPHEN 7601 NW 68TH STREET SUITE 128 MIAMI, FL 33166				
TITLE NAME STREET ADDRESS C:TY+ST+ZIP	SD COHEN, ULISES 7601 NW 68TH STREET SUITE 128 MIAMI, FL 33166				
TITLE NAME STREET ADDRESS					

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12. Thereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Dic. Suffflus