FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 PM 12: 12

DOCUMENT # P02000095980

1. Entity Name
Metro Tobacco, Inc.

DO NOT WRITE IN THIS SPACE

600068944186
03/29/06--01016--003 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2998 NW 30 St.		2998 NW 30 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State: Miami FL	
Zip: 33142	Country: USA	Zip: 33142	Country: USA

4. FEI Number: 010743224 ☐ 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: Milagros A. Vega

Street Address (P.O. Box Number Is Not Acceptable): 2990 NW 30 St.

City: Miami FL Zip Code: 33142

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	Milagros A. Vega
STREET ADDRESS	2998 NW 30 St
CITY-ST-ZIP	Miami FL. 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 03-06

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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] M. Williams MAR 17 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **METRO TOBACCO, INC.**

Thank you for your courtesy in this matter.

MILAGROS A. VEGA
PRESIDENT