


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

ORIGINAL FILED
008 08:00 AM
Secretary of State

DOCUMENT # P02000099839 1. Entity Name STRICTLY CIGARS, INC.	
--	---

Principal Place of Business 1535 PROSPERITY FARMS RD LAKE PARK, FL 33403	Mailing Address 1535 PROSPERITY FARMS RD LAKE PARK, FL 33403
--	--

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0425620	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAICH, ANTHONY 1535 PROSPERITY FARMS RD LAKE PARK, FL 33403
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(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 checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U00000898759 04/28/08-80011-005 163.75
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAICH, ANTHONY 1535 PROSPERITY FARMS RD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAICH, MARY 1535 PROSPERITY FARMS RD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAICH, NICHOLAS S 1535 PROSPERITY FARMS ROAD LAKE PARK, FL 33403
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

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>Nicholas S Raich</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/7/08</u> <small>Date</small>	<u>561 848 8029</u> <small>Daytime Phone #</small>
---	--------------------------------------	---