


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90051 027 ***150.00

DOCUMENT # P02000134640	
1. Entity Name TABACALERA J.E.M. CORP.	

Principal Place of Business 6993 N.W. 82TH AVE. BAY #18 MIAMI FL 33166	Mailing Address 2118 WEST 62 STREET MIAMI FL 33016
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2. Principal Place of Business 2118 W 62 ST.	3. Mailing Address 2118 W. 62 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HALEAH - FLA.	City & State HALEAH - FL
Zip 33016	Zip 33016
Country U.S.A.	Country USA

4. FEI Number 02-0664028	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOMEZ, EDEL 6993 N.W. 82TH AVE. BAY #18 MIAMI FL 33166	
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7. Name and Address of New Registered Agent	
Name EDEL GOMEZ	
Street Address (P.O. Box Number is Not Acceptable) 2118 W 62 ST.	
City HALEAH	FL Zip Code 33016

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, EDEL 1855 WEST 62ND STREET APT. 333 HALEAH FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, JOEL 12745 SW 72ND TERRACE MIAMI FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALACIOS, MARIO W 1550 N.W. 122ND STREET NORTH MIAMI FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDEL GOMEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 118 EAST 11 ST HALEAH - FL 33010 (P)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOEL GOMEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 118 EAST 11 ST HALEAH - FL 33010 (U)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  PRESIDENT	2-8-05 305-501-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #