

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018952

Entity Name: TOBACCO FOR LESS, INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

822-01 SHENANDOAH SQUARE A-120
13644 STATE ROAD 84
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

1433 CAPRI LANE
APT # 5304
WESTON, FL 33326

New Mailing Address:

606 WILLOW BEND RD
WESTON, FL 33327

FEI Number: 11-3678169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKALLI-FETTACHI, HICHAM
1433 CAPRI LANE
APT # 5304
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SKALLI-FETTACHI, HICHAM
606 WILLOW BEND RD
WESTON, FL 33327 US

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.

SIGNATURE: HICHAM SKALLI

01/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKALLI-FETTACHI, HICHAM
Address: 1433 CAPRI LANE, APT # 5304
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: SILVA MEDINA, LILIANA
Address: 1433 CAPRI LANE, APT # 5304
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SKALLI-FETTACHI, HICHAM
Address: 606 WILLOW BEND RD
City-St-Zip: WESTON, FL 33327

Title: VP (X) Change () Addition
Name: SILVA MEDINA, LILIANA
Address: 606 WILLOW BEND RD
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HICHAM SKALLI

P

01/31/2006

Electronic Signature of Signing Officer or Director

Date