

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90573 001 \*\*\*150.00

**DOCUMENT # P03000024063**

1. Entity Name  
CIGAR DIRECT DISTRIBUTORS, INC.



Principal Place of Business  
112 SOUTH FLAMINGO ROAD  
PEMBROKE PINES, FL 33027 US

Mailing Address  
112 SOUTH FLAMINGO ROAD  
PEMBROKE PINES, FL 33027 US

20036750



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04082005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1656124** Applied For  
**APPLIED FOR** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ~

6. Name and Address of Current Registered Agent  
LOPEZ, JULIO G  
112 SOUTH FLAMINGO ROAD  
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent  
Name **ELENA ARTAMENDI**  
Street Address (P.O. Box Number is Not Acceptable)  
**3421 S.W. 112 AVE**  
City **MIAMI** FL Zip Code **33165**

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 *Elena Artamendi* **ELENA ARTAMENDI** 4/14/05  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JULIO G 112 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTAMENDI, ELENA 112 SOUTH FLAMINGO ROAD PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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 *Elena Artamendi* **ELENA ARTAMENDI** 4/14/05 (954) 431-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #