2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028019

1. Entity Name

FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90059 041 ***150.00

CIGAR C	IGAR, INC.	1		3						
Principal Plac % JONATHAI 799 BRICKE MIAMI, FL 3	L-ASSOCIATES, F JITE 700-	2.A. →	7404940							
2. Principal F		3. Mailing Address AAOSB	aque B	hd	03302004	Chg-P	CR2E034	1 B101 1 B1 B1		
North		City & State	Beach, S	Z L	4. FEI Numb	o5-05		No	plied For t Applicable	
33, 8	SI USA	Zip 33(8)	USA			of Status Desired	L.I Fe	8.75 Add e Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
GREEN, JONATHAN H 799 BRICKELL PLAZA				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 700	11-		027	712 Car	4.000		· <u> </u>			
MIAMI, FL	33131-2816	1				·				
City					Min	n. Beac	\ FL	Zip Code	181	
	named entity submits this statement for tions of registered agent. Legwall Signature, typed or printed name of registered agent as	m Le	egistered office or O Nov di Registered Agent signatu	. O	tero.	est, in the State of P	orida. 1 am fam	iliar with,	and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	Tinancing	\$5.0	00 May Be d to Fees					
10.	OFFICERS AND D		11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	D GREEN, JONATHAN H 799 BRICKELL PLAZA, SUITE 70	Delete O	TITLE Name Street address] Change	☐ Addition	
CITY-ST-ZIP	MIAMI, FL 331312816		CITY-ST-ZIP	ĺ						
TITLE NAME STREET ADORESS CITY-ST-ZIP	PVST OTERO, LEONARDO 799 BRICKELL PLAZA, SUITE 70 MIAMI, FL 331312816	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0+	088.	T Leonar Scathe	d Bl.	Change	□ Addition	
TITLE		☐ Delete	TITLE		······································	T. S. C. C.	7	Change	Addition	
NAME			NAME -					•		
STREET ADDRESS CITY-ST-ZIP			Street Address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME Street Address] Change	Addition	

12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all given like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME U.S. STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-305-944-9969 Daytime Phone #

☐ Change

Addition