


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-02-2004 90011 020 ***550.00

DOCUMENT # P03000028447			
1. Entity Name PRESIDENT TOBACCO CO.			
Principal Place of Business 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181		Mailing Address 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181	
2. Principal Place of Business 7000 ISLAND BLVD		3. Mailing Address 7000 ISLAND BLVD	
Suite, Apt. #, etc. #1406		Suite, Apt. #, etc. #1406	
City & State AVENTURA - FLA		City & State AVENTURA - FLA	
Zip 33160		Zip 33160	
Country USA		Country USA	
4. FEI Number 02-0728686		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, PHYLLIS 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181		7. Name and Address of New Registered Agent Name PHYLLIS S. SAUNDERS Street Address (P.O. Box Number is Not Acceptable) 7000 ISLAND BLVD #1406 AVENTURA City FL Zip Code 33160	
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 <i>Phyllis Saunders</i> (NOTE: Registered Agent signature required when reconstituting) DATE 7/28/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PS SAUNDERS, PHYLLIS 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES PHYLLIS S. SAUNDERS 7000 ISLAND BLVD #1406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AVENTURA - FLA 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP AVENTURA - FLA 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STANTON A. FREEDMAN		TITLE NAME STREET ADDRESS CITY-ST-ZIP 7000 ISLAND BLVD #1406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AVENTURA FLA 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Phyllis Saunders</i>		305 936 8663 7/28/04	

66432233




MOORE CR2E034 (11/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

7/28/04
#5137
#550 00
66432259

DOCUMENT # P03000028447			
1. Entity Name PRESIDENT TOBACCO CO.			
Principal Place of Business 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181		Mailing Address 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181	
2. Principal Place of Business 7000 ISLAND BLVD Suite, Apt. #, etc. #1406		3. Mailing Address 7000 ISLAND BLVD Suite, Apt. #, etc. #1406	
City & State AVENTURA - FLA Zip 33160 Country USA		City & State AVENTURA - FLA Zip 33160 Country USA	
4. FEI Number 02-0728686		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, PHYLLIS 11900 BISCAYNE BOULEVARD SUITE 612 MIAMI FL 33181		7. Name and Address of New Registered Agent Name: PHYLLIS S. SAUNDERS Street Address (P.O. Box Number is Not Acceptable) 7000 ISLAND - FLA #1406 AVENTURA City: AVENTURA FL Zip Code: 33160	
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: <i>Phyllis Saunders</i> (NOTE: Registered Agent signature required when reinstating) DATE: 7/28/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: SAUNDERS, PHYLLIS STREET ADDRESS: 11900 BISCAYNE BOULEVARD SUITE 612 CITY-ST-ZIP: MIAMI FL 33181 <input type="checkbox"/> Delete		TITLE: PRES NAME: PHYLLIS S. SAUNDERS <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 7000 ISLAND BLVD #1406 CITY-ST-ZIP: AVENTURA - FLA 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: STANTON A. FREEDMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: STREET ADDRESS: 7000 ISLAND BLVD #1406 CITY-ST-ZIP: AVENTURA FLA 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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: *Phyllis Saunders* 305 936 8663 7/28/04