

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037446

1. Entity Name
CUBA TOBACCO TRADING, INC.



Principal Place of Business
1000 PONCE DE LEON BLVD., SUITE 105
CORAL GABLES, FL 33134

Mailing Address
1000 PONCE DE LEON BLVD., SUITE 105
CORAL GABLES, FL 33134

FILED

05 MAY 11 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number
86-1058286

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELLO, TERESA
1000 PONCE DE LEON BLVD., SUITE 105
CORAL GABLES, FL 33134

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

700054669857
05/17/05--01030--022 **150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELLO, TERESA
STREET ADDRESS	1000 PONCE DE LEON BLVD., SUITE 105
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	MESA, MANUEL
STREET ADDRESS	1000 PONCE DE LEON BLVD., SUITE 105
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:

T. Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #