

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90011 016 ***150.00

DOCUMENT # P03000040133 1. Entity Name CIGAR ROLLERS DELIGHT, CORP					
Principal Place of Business 1037 S.W. 119TH COURT MIAMI, FL 33184			Mailing Address 1037 S.W. 119TH COURT MIAMI, FL 33184		
2. Principal Place of Business 892 NW 136th Place Suite, Apt. #: etc.		3. Mailing Address Same as Principal Place Suite, Apt. #: etc.			
City & State Miami, FL Zip 33182		City & State Zip Country U.S.A		4. FEI Number 27-0053903 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03012004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOSA, JULIAN F 1037 S.W. 119TH COURT MIAMI, FL 33184			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 892 NW 136th Place City Miami FL Zip Code 33182		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD SOSA, JULIAN F 1037 S.W. 119TH COURT MIAMI, FL 33184 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	892 NW 136th Place Miami, FL 33182 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOSA, EMISNEY 1037 S.W. 119TH COURT MIAMI, FL 33184 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	892 NW 136th Place Miami, FL 33182 ☒ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			3/1/04 786-255-9364		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					