## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P03000040133

1. Entity Name
CIGAR ROLLERS DELIGHT, CORP



## **FILED** Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90070 001 \*\*\*150.00

			1						
892 NW 136TH PLACE		Mailing Address 892 NW 136TH PLACE MIAMI, FL 33182 L	892 NW 136TH PLACE		40024200				
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		2202007	Chg-P	CR2E03	4 (12/06)	
City & State	9	City & State		4.	FEI Number 27-00539			_ <del></del>	plied For
Zip	Country	Zip	5.		Status Desired		8.75 Add	litional	
	6. Name and Address of Current	t Registered Agent	<u> </u>		Name and Ad	Idress of New F			<del></del>
	- '	. registated Agent	Name		manio anta Au		.cg.c.c.v.	90111	
SOSA, JULIAN F 892 NW 136TH PLACE MIAMI, FL 33182			Street Address		s (P.O. Box Number is Not Acceptable)				
			City				FL	Zip Code	<del></del>
	named entity submits this statement fi	or the purpose of changing its	registered office of	or registered a	gent, or both, i	in the State of FI		amiliar with.	and accept
	To the organism age. III								
the obligati	Signature, typed or printed name of registered agen	it and title it applicable. (NOTI	E: Registered Agent signa	iture required when	reinstating)		DATE		<del></del>
the obligati	Signature, typed or printed named of registered agen  E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa	sign Financing	\$5.00	May Be		DATE		
the obligati	E NOW!!! FER IS \$150.00	9. Election Campa Trust Fund Cont	sign Financing	\$5.00 Added to	May Be Fees	IANGES TO OFF		DIRECTORS	3 IN 11
the obligati SIGNATURE _ FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont	sign Financing tribution.	\$5.00 Added to	May Be Fees		ICERS AND		S IN 11
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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

DED NAME OF SIGNING OFFICER OR DIRECTOR

786-253-934