2008 FOR PROFIT CORPORATION

Apr 17, 2008 08:00 All Secretary of State ANNUAL REPORT DOCUMENT # P03000043980 KEY-STONE TOBACCO, INC. -Principal Place of Business Mailing Address 715 NE 152 ST 715 NE 152 ST MIAMI, FL 33162 MIAMI, FL 33162 No Chg-P CR2E034 (11/05) 04122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2347618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BABUL, MOHAMMED H DO NOT WRITE 715 NE 152 ST MIAMI, FL 33162 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 04/30/08-80039-015 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE BABUL, MOHAMMED H NAME STREET ADDRESS 715 N.E. 152 STREET CITY - ST - ZIP MIAMI, FL 33162 THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 given like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED