


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90026 001 ***150.00
 01-23-2007 90026 002 *****8.75

DOCUMENT # P03000049015

1. Entity Name
 SANTIAGO CABANA CIGARS INTERNATIONAL, INC.



Principal Place of Business
 5825 SW 8TH ST.
 MIAMI, FL 33144-5035

Mailing Address
 5825 SW 8TH ST.
 MIAMI, FL 33144-5035

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0606952 Applied For
 Not Applicable

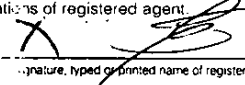
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABANA, SANTIAGO
 526 SW 87TH PL.
 MIAMI, FL 33174

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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  PRECIDENTE 1-17-07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

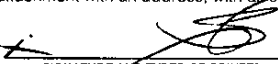
10. OFFICERS AND DIRECTORS

TITLE	○
NAME	CABANA, SANTIAGO
STREET ADDRESS	526 SW 87TH PL.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	○
NAME	CABANA, LIANA
STREET ADDRESS	3080 NW 10TH ST.
CITY-ST-ZIP	MIAMI, FL 33146
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

~~01-23-2007 90026 001 150.00~~ ^{SY}

12. I hereby 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 other like empowered.

SIGNATURE:  1-17-2007 (305) 266-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #