## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000061743

FILED Jan 19, 2006 Secretary of State

Entity Name: SABOR HAVANA CIGARS OF PALM BEACH, INC.

Current Principal Place of Business:		New Principal Place of Business:		
530 P.G. :UITE 109	A. BLVD. 9			
ALM BEA	ACH GARDEN	IS, FL 33418		
current Mailing Address:		ss:	New Mailing Address:	
530 P.G.				
UITE 109 ALM BEA	) ACH GARDEN	IS, FL 33418		
El Number	: 20-0430374	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
600 NW UITE # 3	JORGE L 87TH AVE L 33172 US			
· · · · · · · · · · · · · · · · · · ·				
he above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both,  Date
he above the State	named entity e of Florida. RE: Electro			
he above the State GNATU	named entity e of Florida. RE: Electro	nic Signature of Registered Ag	ent	
he above the State IGNATUI DESTRUCTION DESTRUCTION THE STATE THE S	e named entity e of Florida.  RE: Electro  mpaign Financir  S AND DIREC	nic Signature of Registered Aging Trust Fund Contribution ().  CTORS:  ) Delete  ART A  CT	ent	Date
he above the State IGNATU	e named entity e of Florida.  RE: Electro mpaign Financir S AND DIREC  PD ( ESPINOZA, B. 1232-D PITUS W PALM BEAC	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete ART A CT CH, FL 33415  ) Delete LES JR D CTR	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE LUIS VALDES PRES 01/19/2006