


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

05-27-2004 90017 037 ***150.00

DOCUMENT # P03000077501	
1. Entity Name KLASSIC CIGAR, INC.	

Principal Place of Business 9808 NW 80TH AVE #6P HIALEAH GARDENS, FL 33016	Mailing Address 9808 NW 80TH AVE #6P HIALEAH GARDENS, FL 33016
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66429417



2. Principal Place of Business 9820 NW 80th Ave	3. Mailing Address 9820 NW 80th Ave
Suite, Apt. #, etc. 6P	Suite, Apt. #, etc. 6P

06282004 Chg-P CR2E034 (10/03)

City & State HIALEAH GARDENS FL	City & State HIALEAH GARDENS FL
Zip 33016	Zip 33016
Country USA	Country USA

4. FEI Number 57-1178546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BERTOT, BELKIS O 18918 NW 63RD CT, CIR MIAMI, FL 33015	

7. Name and Address of New Registered Agent	
Name BERTOT BELKIS O	
Street Address (P.O. Box Number is Not Acceptable)	
5031 W 10 Ave	
City Hialeah	FL Zip Code 33012

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 BELKIS O BERTOT	PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE 06/28/04	

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME BERTOT, BELKIS O	
STREET ADDRESS 9820 NW 80 AVE apt 6P	
CITY-ST-ZIP HIALEAH GARDENS FL 33016	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	


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: 	Date 6/28/04	Daytime Phone # (305) 364-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Attachment

5/27/2004-90017-037-\$150.00-\$150.00

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ANNUAL REPORT

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BERTOT, BELKIS O 18918 NW 63RD CT CIR MIAMI, FL 33015		7. Name and Address of New Registered Agent Name: BERTOT BELKIS O Street Address (P.O. Box Number is Not Acceptable) 5031 West 10 Ave City: Hialeah FL Zip Code: 33012	
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: <i>Bertot Belkis O Bertot</i>		DATE: 4/30/4	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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SIGNATURE: <i>[Signature]</i>		DATE: 4/30/4 Daytime Phone #: (305) 364-9060	