
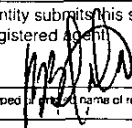
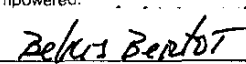


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90031 013 \*\*\*150.00

<b>DOCUMENT # P03000077501</b> 1. Entity Name <b>KLASSIC CIGAR, INC.</b>					
Principal Place of Business <b>9820 NW 80TH AVE 6P HIALEAH GARDENS, FL 33016</b>			Mailing Address <b>9820 NW 80TH AVE 6P HIALEAH GARDENS, FL 33016</b>		
2. Principal Place of Business <b>5450 S. STATE RD. 7</b> Suite, Apt. #, etc. <b>#6</b>		3. Mailing Address <b>5450 S. STATE RD. 7</b> Suite, Apt. #, etc. <b>#6</b>			
City & State <b>DAVIE Florida</b>		City & State <b>DAVIE Florida</b>			
Zip <b>33314</b>		Country <b>USA</b>		Zip <b>33314</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>57-1178546</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>BERTOT, BELKIS O 5031 W 10 AVE HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 		<b>Belkis BERTOT</b>		<b>3/15/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstituting)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BERTOT, BELKIS O STREET ADDRESS 9820 NW 80 AVE APT 6P CITY-ST-ZIP HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete		TITLE P NAME BERTOT, BELKIS O STREET ADDRESS 5031 W 10 AVE CITY-ST-ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>Belkis BERTOT</b>		<b>3/15/05 954-587-0500</b>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	