



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90021 039 \*\*\*150.00

<b>DOCUMENT # P03000088910</b> 1. Entity Name <b>CIGAR CONNOISSEUR INC.</b>					
Principal Place of Business <b>1441 FOREST HILL BLVD STE 100 SUITE 100 W PALM BEACH, FL 33406</b>			Mailing Address <b>1441 FOREST HILL BLVD STE 100 SUITE 100 W PALM BEACH, FL 33406</b>		
2. Principal Place of Business <b>11924 W. FOREST HILL BLVD Suite, Apt. #, etc. #10-a</b>		3. Mailing Address <b>11924 W. FOREST HILL BLVD Suite, Apt. #, etc. #10-a</b>			
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON, FL</b>		4. FEI Number <b>20-0151992</b>	
Zip <b>33414</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>POPPER, FRED J PRES. 1441 FOREST HILL BLVD. SUITE 100 WEST PALM BEACH, FL 33406</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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D POPPER, FRED J 1441 FOREST HILL BLVD STE 100 W PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT JOSEPH FIORI 1441 FOREST HILL BLVD #100 WEST PALM BCH, FL 33406</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S POPPER, MICHELLE 1441 FOREST HILL BLVD SUITE 100 WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-8-05</b> Daytime Phone # <b>561-582-3200</b>		