

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

5/ **FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90155 021 \*\*\*150.00

**DOCUMENT # P04000032091**

1. Entity Name  
**YOUNG CIRCLE TOBACCO SHOP INC**



Principal Place of Business      Mailing Address  
**1840 YOUNG CIR**                      **1840 YOUNG CIR**  
**HOLLYWOOD, FL 33020**              **HOLLYWOOD, FL 33020**

**66023114**



2. Principal Place of Business      3. Mailing Address  
**1840 South Young Circle**      **1940 Madison ST**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**Hollywood**                              **# 4**

City & State                              City & State  
**Hollywood FL**                      **Hollywood FL**

Zip                              Country                      Zip                              Country  
**33020**                      **Florida**                      **33020**                      **USA**

04302005      Chg-P      CR2E034 (10/03)

4. FEI Number                      Applied For  
**11-3712251**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLORES, MARIA**  
**1940 MADISON ST APT 4**  
**HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** 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: *Maria Flores*      DATE: 4-29-05

Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      8. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.       **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FLORES, MARIA 1840 YOUNG CIR HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Flores*      Date: 5-28-05      Daytime Phone #: (305) 538-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #