

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90507 001 ***450.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000032091 1. Entity Name YOUNG CIRCLE TOBACCO SHOP INC	
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Principal Place of Business 1840 SOUTH YOUNG CIRCLE HOLLYWOOD, FL 33020	Mailing Address 1940 MADISON STREET #4 HOLLYWOOD, FL 33020
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66014667



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3712251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

**FLORES, MARIA
1940 MADISON ST. APT 4
HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE

6. 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 requesting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FLORES, MARIA 1840 YOUNG CIR HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **5-1-06 786 290354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paid check #1118.