

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P04000043007

1. Entity Name

Florida Tobacco, Inc.



06 FEB 27 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400066887884
03/01/06--01012--006 **300.00

2. Principal Place of Business

1912 NW 79 AVE

Suite, Apt. #, etc.

3. Mailing Address

(same)

Suite, Apt. #, etc.

REINSTATEMENT 05-06

City & State

Miami FL

City & State

4. FEI Number

16-1696526

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lidia Valdes

Street Address (P.O. Box Number is Not Acceptable)

1912 NW 79 AVE

City

Miami

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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:

Lidia Valdes

(Signature, name or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Hugo Valdes
STREET ADDRESS	1912 NW 79 AVE
CITY-ST-ZIP	Miami FL 33126
TITLE	SVD
NAME	Lidia Valdes
STREET ADDRESS	1912 NW 79 AVE
CITY-ST-ZIP	Miami FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hugo Valdes

(Signature and typed or printed name of shareholder or officer or director)

DATE

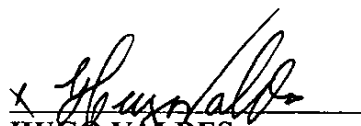
Signature Page 2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **FLORIDA TOBACCO, INC.**

Thank you for your courtesy in this matter.

x 
HUGO VALDES
PRESIDENT