



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000099617 1. Entity Name L.P. CIGAR CORPORATION						FILED 05 JUN 10 PM 4:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 951-A S.W. 87th Ave Miami, FL 33174				Mailing Address 951-A S.W. 87th Ave Miami, FL 33174			
2. Principal Place of Business 951-A S.W. 87th Ave Suite, Apt. #, etc.		3. Mailing Address 951-A S.W. 87th Ave Suite, Apt. #, etc.					
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-1321662		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33174		Country Miami-Dade		Zip 33174		Country Miami-Dade	
6. Name and Address of Current Registered Agent PEREZ, LAURO T 3607 SW 113 COURT MIAMI, FL 33165				7. Name and Address of New Registered Agent Name Lauro T. Perez Street Address (P.O. Box Number is Not Acceptable) 951-A S.W. 87th Ave City Miami FL Zip Code 33174			
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 <u><i>Lauro T. Perez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>06/06/05</u>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, LAURO T 3607 SW 113 COURT MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez Lauro T. / P 951-A S.W. 87th Ave Miami, FL 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PORTAL, LUZ D 3607 SW 113 COURT MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Portal Luz D. / VP 951-A S.W. 87th Ave Miami, FL 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500056151385 06/14/05--01046--004 **150.00	<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: <u><i>Lauro T. Perez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				06/06/05 Date		305 551 1792 Daytime Phone #	