

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000123736

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** SACS CIGARS DISTRIBUTOR, INC.

**Current Principal Place of Business:**

8863 NW 117TH STREET  
HIALEAH GARDENS, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

8863 NW 117TH STREET  
HIALEAH GARDENS, FL 33018 US

**New Mailing Address:**

**FEI Number:** 20-1545755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUEVAS, JENELYS P  
8863 NW 117TH STREET  
HIALEAH GARDENS, FL 33018 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CUEVAS, JENELYS  
Address: 8863 NW 117TH STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: VP  
Name: CUEVAS, BEATRIZ  
Address: 8860 JOHNSON STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENELYS CUEVAS

P

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date