

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000173528

FILED
Sep 15, 2006
Secretary of State**Entity Name:** HAVANO'S-MIAMI CIGAR, INC.**Current Principal Place of Business:**5400 SOUTH UNIVERSITY DRIVE
SUITE 501- K
DAVIE, FL 33328**New Principal Place of Business:**12401 ORANGE DRIVE
SUITE 124
DAVIE, FL 33330**Current Mailing Address:**5400 SOUTH UNIVERSITY DRIVE
SUITE 501- K
DAVIE, FL 33328**New Mailing Address:**12401 ORANGE DRIVE
SUITE 124
DAVIE, FL 33330**FEI Number:** 51-0533898**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLAIR, LAURENCE I
2255 GLADES ROAD
ONE BOCA PLACE - SUITE 411E
BOCA RATON, FL 33431 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: DPT () Delete
Name: POZO, ARMANDO O
Address: 5400 SOUTH UNIVERSITY DRIVE, #501-K
City-St-Zip: DAVIE, FL 33328

Title: DSVP () Delete
Name: POZO, DEISY B
Address: 5400 SOUTH UNIVERSITY DRIVE, # 501-K
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: POZO, ARMANDO O
Address: 12401 ORANGE DRIVE, SUITE 124
City-St-Zip: DAVIE, FL 33330

Title: DSVP (X) Change () Addition
Name: POZO, DEISY B
Address: 12401 ORANGE DRIVE, SUITE 124
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO O. POZO

DPT

09/15/2006

Electronic Signature of Signing Officer or Director

Date