P05000033457

(F	Requestor's Name)	
<u> </u>	Address)	
(A	address)	
(C	City/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(0	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Havana Dreams Cigar Manufacturing, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P05000033457
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Cesar I Castillo
(Name of Person)
(Name of Firm/Company)
12821 Longcrest Dr
(Address)
Riverview, FL 33569
(City/State and Zip Code)
For further information concerning this matter, please call:
Cesar I Castillo at (813) 679-6106 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Mailing Address:
Amendment Section Amendment Section
Division of Corporations Clifton Building Division of Corporations Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

S.A: CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Cesar I Castillo, effective 3/1/06	, hereby resign as_	Vice President / Officer,	
		(Title)	
of Havana Dreams Cigar Manufacturi	ng, Inc.		_
(Name of Cor	poration)		······································
P05000033457, a c	orporation organized un	der the laws of the State of	
Florida			
·			
	re of resigning officer/direct	£.	SE CO
FILIN	IG FEE IS \$35.00	75 55 UN	P STA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314