

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90379 026 ***150.00

DOCUMENT # P05000058638

1. Entity Name
CIGAR CITY BROKERAGE & INVESTMENTS, INC.



Principal Place of Business
4114 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33618

Mailing Address
4114 CARROLLWOOD VILLAGE DR.
TAMPA, FL 33618

2. Principal Place of Business

104 W. Seneca Ave.

3. Mailing Address

104 W. Seneca Ave.

Suite, Apt. #, etc.
Unit 14

Suite, Apt. #, etc.
Unit 14

City & State
Tampa, FL.

City & State
Tampa, FL.

Zip
33612

Country
U.S.A.

Zip
33612

Country
U.S.A.

04262006

Chg-P

CR2E034 (11/05)

4. FEI Number

35-2253818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEEN, DAVID W.
602 SOUTH BLVD.
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name JOSEPH RANDALL CAMERO JR.

Street Address (P.O. Box Number is Not Acceptable)
104 W. Seneca Ave. Unit 14

City Tampa

FL

Zip Code 33612

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

Joseph R. Camero Jr. President

4/28/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERO, JOSEPH R. JR. 14601 PAR CLUB CIR. TAMPA, FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERO, MATTHEW R. 15439 PLANTATION OAKS DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERO, CASEY C. 4114 CARROLLWOOD VILLAGE DR. TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERO, LOIS HAMAND 4114 CARROLLWOOD VILLAGE DR. TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIVITIS/D CAMERO, JOSEPH R. JR. 4114 Carrollwood Village Dr. Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joseph R. Camero Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (813) 516-0083

Date

Daytime Phone #