

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111195

Entity Name: CIGAR VENTURE, INC.

FILED  
Feb 03, 2006  
Secretary of State

## Current Principal Place of Business:

7601 E TREASURE DR  
CU-24  
NORTH BAY VILLAGE, FL 33141 US

## New Principal Place of Business:

## Current Mailing Address:

7601 E TREASURE DR  
CU-24  
NORTH BAY VILLAGE, FL 33141 US

## New Mailing Address:

FEI Number: 20-3287177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLONSKY, HENRY A III  
7601 E TREASURE DR  
2417  
NORTH BAY VILLAGE, FL 33141 US

## Name and Address of New Registered Agent:

SLONSKY, SOLEDAD S  
7601 E TREASURE DR  
2417  
NORTH BAY VILLAGE, FL 33141 US

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: SOLEDAD S SLONSKY

02/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P (X) Delete  
Name: SLONSKY, HENRY A III  
Address: 7601 E TREASURE DR APT 2417  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: VP ( ) Delete  
Name: SLONSKY, SOLEDAD S  
Address: 7601 E TREASURE DR APT 2417  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SLONSKY, SOLEDAD S  
Address: 7601 E TREASURE DR APT 2417  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

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: SOLEDAD S SLONSKY

P

02/03/2006

Electronic Signature of Signing Officer or Director

Date