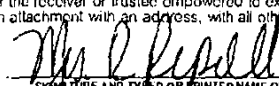


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILE

2007 MAY 17 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P06000015780			
1. Entity Name CIGAR BOB'S HAVANA CLUB, INC.			
Principal Place of Business 482 N. HARBOR CITY BLVD. MELBOURNE FL 32935		Mailing Address 482 N. HARBOR CITY BLVD. MELBOURNE FL 32935	
2. Principal Place of Business - No P.O. Box # 421 S. Babcock St		3. Mailing Address SAME	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME	
City & State Melbourne, FL		City & State SAME	
Zip 32901		Country USA	
4. FFI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAEL KAHN, P.A. 482 N. HARBOR CITY BLVD. MELBOURNE FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date of application. (If 20% Registered Agent required when submitting.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIPOLL, ROBERT 829 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIPOLL, CATHERINE 829 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		3-19-07 3214462736	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			