2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

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	Mailing Address
482 N. HARBOR CITY BLVD. MELBOURNE FL 32935	482 N. HARBOR CITY BLVD. MELBOURNE FL 32935

2. Principal Place of Business - No P.O. Box #: 421 S. Babcock St
Suite, Apt. #, etc.:
City & State: Melbourne, Fl
Zip: 32901 Country: USA

3. Mailing Address
Suite, Apt. #, etc.: SAME
City & State:
Zip: Country:

1st MOORE CR2E034 (10/06)

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL KAHN, P.A. 482 N. HARBOR CITY BLVD. MELBOURNE FL 32935	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, type or printed name of registered agent and title if applicable) (If filing Registered Agent signature required when reinstating)

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, ROIBERT 829 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIPOLL, CATHERINE 829 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Roibert Ripoll 3-19-07 3214462736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)