
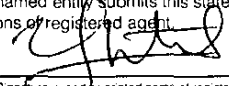
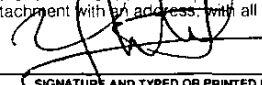


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90006 015 ***150.00

DOCUMENT # P06000055259					
1. Entity Name HABANEROS CIGARS, INC.					
Principal Place of Business 917 GREEN STREET WEST PALM BEACH, FL 33405			Mailing Address 917 GREEN STREET WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box # 3222 S. Dixie Hwy Suite, Apt. #, etc. Suite # B		3. Mailing Address 3222 S. Dixie Hwy Suite, Apt. #, etc. Suite # B			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33405		Country USA		Zip 33405	
Country USA		4. FEI Number 20-472-7374			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MARTIN, STEFFANI T 1704 17TH LANE LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name: Yojanny Nistal Street Address (P.O. Box Number is Not Acceptable): 3222 S. Dixie Hwy Ste #B City: West Palm Beach FL Zip Code: 33405		
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: 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VS NAME NISTAL, YOJANNY STREET ADDRESS 917 GREEN STREET CITY - ST - ZIP WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete		TITLE Vice President NAME Yadira Luzuriaga STREET ADDRESS 3222 S. Dixie Hwy Ste B CITY - ST - ZIP West Palm Beach FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PT NAME NISTAL, YOJANNY STREET ADDRESS 917 GREEN STREET CITY - ST - ZIP WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			3/20/07 561-833-8144 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					