2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000100643

1. Entity Name
ORIGINAL TOBACCO INC

FILED
07 JUL -9 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06292007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
12441 SW 130 ST MIAMI, FL 33175	12441 SW 130 ST MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5430739 ☐ 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
BARONIEL, ELIAS 13605 FARMER RD MIAMI, FL 33186	Name Sam Goodson Street Address (P.O. Box Number is Not Acceptable) 12441 SW 130 St. City Miami FL Zip Code 33165

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 _____ 6-29-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	P BARONIEL, ELIAS 13605 FARMER ROAD PALMETTO BAY, FL 33158	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sam Goodson 12441 SW 130 St. Miami, FL. 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T WATERMAN, DANIEL 3230 SW 94 PLACE MIAMI, FL 33165	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Secretary Clifford Shane Rolls 12441 SW 130 St Miami, FL. 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600106261866 07717/07--01026--007 **70.00	☐ 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 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: _____ title: President date: 6-29-07