2008 FOR PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000100643 05-05-2008 90248 001 ***150.00 1. Entity Name **ORIGINAL TOBACCO INC** Principal Place of Business Mailing Address 12441 SW 130 ST 12441 SW 130 ST MIAMI, FL 33175 MIAMI, FL 33186 CR2E034 (11/05) 05012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5430739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GOODSON, SAM DO NOT WRITE 12441 SW 130 ST MIAMI, FL 33175 IN THIS SPACE 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, typed or printed name of regetered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GOODSON, SAM NAME 12441 SW 130 ST STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davtime Phone #